Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OINE 110. 10 10 00 11
2023
Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning JUL	1, 2023 and	ے ending	TUN 30, 2024				
B c	heck if oplicable	C Name of organization			D Employer identifi	cation number			
X	Addres	ADIRONDACK FOUNDATION							
	Name change	Doing business as			**-***57	24			
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	Final return/	P.O. BOX 288	,	518-523-9904					
	termin- ated	City or town, state or province, country, and ZIP o	r foreign postal code		G Gross receipts \$	25,168,157.			
	Amend return				H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: WILLIE	M CREIGHTON		for subordinates				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	ax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () (i	insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions			
	Vebsit		NDATION.ORG/		H(c) Group exemption	n number			
K F	orm of	organization: X Corporation Trust Associat	tion Other	L Year	of formation: 1997	M State of legal domicile: NY			
Pa		Summary							
Δ)		Briefly describe the organization's mission or most signif		NCING	THE LIVES O	F PEOPLE IN			
Governance		THE ADIRONDACKS THROUGH PHIL	ANTHROPY.						
rna	2 (Check this box if the organization discontinue	ed its operations or dispos	sed of more	than 25% of its net ass				
ove.		Number of voting members of the governing body (Part			3	22			
ত		Number of independent voting members of the governin				22			
es &	5	Total number of individuals employed in calendar year 2	023 (Part V, line 2a)			15			
ĬŢ		Total number of volunteers (estimate if necessary)				44			
Activities &		Total unrelated business revenue from Part VIII, column				0.			
_	b	Net unrelated business taxable income from Form 990-T	, Part I, line 11			0.			
				/	Prior Year	Current Year			
ē		Contributions and grants (Part VIII, line 1h)			7,109,320.	10,663,940.			
en					138,839.	1,371,181.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and			2,043,284.	2,313,925.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part			9,291,443.	14,349,046.			
		Grants and similar amounts paid (Part IX, column (A), line			5,430,268.	6,038,710.			
		Benefits paid to or for members (Part IX, column (A), line			0.	0.			
es		Salaries, other compensation, employee benefits (Part I)			1,113,713.	1,179,556.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11		<u> </u>	0.	0.			
ă		Total fundraising expenses (Part IX, column (D), line 25)			CET ETO	2 005 222			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			657,572.				
		Total expenses. Add lines 13-17 (must equal Part IX, col	umn (A), line 25)		7,201,553.	9,303,499.			
	19	Revenue less expenses. Subtract line 18 from line 12			2,089,890.				
Net Assets or Fund Balances		T. I. J. (D. I.V.); 10)			eginning of Current Year	End of Year 101,766,694.			
SSE	20				88,853,239. 24,834,339.	27,047,197.			
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 2			64,018,900.	74,719,497.			
Pa	rt II	Signature Block			04,010,900.	/4,/13,43/•			
		Ities of perjury, I declare that I have examined this return, includ	ting accompanying echadules	and etatem	ante and to the heet of m	/ knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is b				r knowledge and belief, it is			
ii uo,	001100	t, and complete. Declaration of proparer (other than officer) is b	asca on an information of wi	non proparoi	nas any knowledge.				
Sign	,	Signature of officer			Date				
Her	L	WILLIAM CREIGHTON , CHAIR							
1101		Type or print name and title							
			arer's signature	Τ	Date Check	PTIN			
Paid			REMY COLE	1	0/28/24 if self-employ	P00436330			
Prep	- 1	Firm's name BST & CO. CPAS, LLP			Firm's EIN *	*-***2607			
Use	1	Firm's address 10 BRITISH AMERICAN	BLVD		The state of the s				
	1	LATHAM, NY 12110			Phone no. (5	18)459-6700			
Mav	the IR	RS discuss this return with the preparer shown above? S	See instructions		1	X Yes No			
		Panerwork Reduction Act Notice, see the senarate in		0.01.00		Form 990 (2023)			

Га	Check if Schedule O contains a response or note to any line in this Part III	7
1	Briefly describe the organization's mission: SEE SCHEDULE O	_
		_
	Did the averagination and state on a significant group and into during the average high a state of the	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No.	_
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
_	If "Yes," describe these changes on Schedule O.	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$8,387,040. including grants of \$6,038,710.) (Revenue \$1,371,181.	_)
	ADIRONDACK FOUNDATION PLAYS A UNIQUE ROLE IN THE NORTH COUNTRY. 1) IT	_
	CONNECTS PEOPLE, IDEAS, AND RESOURCES TO IMPROVE LIVES AND EXPAND	_
	OPPORTUNITIES THROUGHOUT THE ADIRONDACK REGION. (2) STEWARDS CHARITABLE ASSETS AND DONATIONS FROM GENEROUS DONORS AND ORGANIZATIONS WHO CARE	_
		_
	ABOUT THE AREA AND WANT TO MAKE A DIFFERENCE. 3) MAKES GRANTS TO NONPROFITS, SCHOOLS, ORGANIZATIONS AND MUNICIPALITIES. 4) IS COMMITTED	_
	TO BEING SINCERE COLLABORATORS AND AMBASSADORS FOR THE PEOPLE OF THE	_
	ADIRONDACKS; ACCOUNTABLE TO COMMUNITIES, DONORS, PARTNERS, AND EACH	_
	OTHER; INCLUSIVE AND WELCOMING OF DIVERSITY OF ALL KINDS; COMPASSIONATE	_
	LISTENERS AND CONNECTORS AND CATALYSTS FOR POSITIVE CHANGE. THE	_
	FOUNDATION STEWARDS MORE THAN 300 CHARITABLE FUNDS AND ITS PRIMARY	_
	GRANTMAKING AREAS ARE: BASIC NEEDS, EDUCATIONAL PATHWAYS, ECONOMIC	_
4b	(Code:) (Expenses \$	_
710) (Lixperises 9) (Trevenue 9) (Trevenue 9	- '
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4 -	Other are aware and item (Describe on Cabadala O.)	_
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 8 , 387 , 040 •	-
4e	Total program service expenses 8,387,040.	_

2023.05000 ADIRONDACK FOUNDATION

13001108 751309 42127.20

Form 990 (2023) ADIRONDACK FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8				x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		\ _{3,7}
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 30 0	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		122
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2023) ADIRONDACK FOUNDAT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization required the complete schedule N, Part I	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
5 4	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega \Omega \Lambda$	(2022)

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Form 990 (2023) ADIRONDACK FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					7.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		0	7.	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	ıs req	uii c u	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	1	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 12b	[12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	

332005 12-21-23 Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? _____ 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BRANDY HOBSON - 518-523-9904

Form **990** (2023)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck i ss per	ition	l than (s both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CALI BROOKS	50.00			,,				166 004	_	C 215
PRESIDENT & CEO (2) MATT DONAHUE	40.00			Х				166,824.	0.	6,315.
	40.00	-				v		116 600	0.	11 001
VP PHILANTHROPY (3) JAMIE CECILIA	40.00				-	X		116,690.	0.	11,901.
FORMER CFO	40.00						X	107,417.	0.	11,623.
(4) LORI BELLINGHAM	32.00								<u> </u>	
VP COMMUNITY IMPACT			7			X		104,000.	0.	11,520.
(5) JOSEPH STEINIGER	5.00	4		7				,	-	,
CHAIR		X		Х		1		0.	0.	0.
(6) BILL CREIGHTON	3.00									
TREASURER		X		Х				0.	0.	0.
(7) DAVID SAND	3.00									
SECRETARY		X		Х				0.	0.	0.
(8) LAWSON PRINCE ALLEN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) JIM ALLISON	3.00									
TRUSTEE		Х						0.	0.	0.
(10) JAMIE BAXTER	1.00									
TRUSTEE		Х						0.	0.	0.
(11) DAVID BRUNNER	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(12) DEB CLEARY	1.00									
TRUSTEE	1	Х						0.	0.	0.
(13) KATHLEEN COLSON	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(14) ZAK DAKE	1.00								_	•
TRUSTEE	1 00	Х						0.	0.	0.
(15) DAVID DARRIN	1.00	.							_	0
TRUSTEE (16) MELICAN ELCINGER	2 00	Х						0.	0.	0.
(16) MELISSA EISINGER TRUSTEE	3.00	Х						0.	0.	0
(17) MARGOT ERNST	1.00	Λ					-	0.	U•	0.
TRUSTEE	1.00	Х						0.	0.	0.
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Part VIII Section A Officers Directors Trus							_			. <u> </u>
Section A. Onicers, Directors, Trustees, Rey Employees, and Highest Compensated Employees (continued)										
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		er an	u a u	recto	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		96	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		yoldı	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REGINALD GIGNOUX	1.00									
TRUSTEE		Х						0.	0.	0.
(19) JOAN GRABE	3.00									
TRUSTEE		Х						0.	0.	0.
(20) LEA PAINE HIGHET	1.00									
TRUSTEE		Х						0.	0.	0.
(21) JAY IRELAND	1.00									_
TRUSTEE		Х						0.	0.	0.
(22) SCOTT MCGRAW	1.00									
TRUSTEE		Х						0.	0.	0.
(23) STEPHANIE PIANKA	1.00									
TRUSTEE		Х						0.	0.	0.
(24) JULIA RACE	1.00									
TRUSTEE		Х						0.	0.	0.
(25) CRAIG WEATHERUP	3.00									
TRUSTEE		Х						0.	0.	0.
(26) NANCY WOLCOTT	3.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								494,931.	0.	41,359.
c Total from continuation sheets to Part VI	I, Section A		4					0.	0.	0.
d Total (add lines 1b and 1c)			<u> </u>					494,931.	0.	41,359.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	,000 of reportable	
compensation from the organization						~				4

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

rendered to the organization? If "Yes." complete Schedule J for such person

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not	limited to those listed	above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023) ADIROND
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Generalic O contains a response	or riote to arry iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$								SECTIONS 212 - 214
nts	1		Federated campaigns1a					
ira Ou			Membership dues					
s, (Am		С	Fundraising events 1c					
ar ar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e				_	
ion		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above 1f	10,663,940.				
E C		g	Noncash contributions included in lines 1a-1f 1g \$	3,938,913.				
Sol		h	Total. Add lines 1a-1f		10,663,940.			
				Business Code				
Φ	2	а	MANAGEMENT FEES	561000	1,371,098.	1,371,098.	7	
, <u>vi</u>	_	b	SEMINAR FEES	561000	83.	83.		
Ser		С						
E S		d						_
gra Re		e						
Program Service Revenue			All other program corvice revenue					
_			All other program service revenue		1,371,181.			
$\overline{}$	3	y	Total. Add lines 2a-2f Investment income (including dividends, intere		2,072,202			
	3				2,119,895.			2119895.
	4		,		2,225,0501			
	4 5		Income from investment of tax-exempt bond p					
	3		Royalties (i) Real	(ii) Personal				
	6	_		(ii) i craoriai	KAN			
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Other				
	′	а	assets other than inventory 7a 11,013,141.	(ii) Guioi				
		L	Less: cost or other basis					
Φ		D						
ž		_	and sales expenses 7b 10,819,111. Gain or (loss) 7c 194,030.					
eve			Net gain or (loss)		194,030.			194,030.
her Revenue			Gross income from fundraising events (not		251,0001			151,000.
Oth	0	а	including \$					
٦			contributions reported on line 1c). See					
			Part IV, line 188a					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	Ŭ	u	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Not income or (loca) from coming activities	•				
			Gross sales of inventory, less returns					
	10	а	and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			The modifie of (loss) from sales of inventory	Business Code				
sno	11	а						
nec	•	b						
ella		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		14,349,046.	1,371,181.	0.	2313925.

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Form **990** (2023)

Form 990 (2023) ADIRONDACK FOUNDATION Part IX Statement of Functional Expenses

04	in 501/2//0) and 501/2//1) and 501/2//1				
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
_	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21	5,968,210.	5,968,210.		
0		3,300,210.	3,300,210.		
2	Grants and other assistance to domestic	70,500.	70,500.		
•	individuals. See Part IV, line 22	70,300.	70,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 225	76 024	157,832.	EQ 170
_	trustees, and key employees	292,335.	76,024.	137,032.	58,479.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	733,860.	388,277.	127 544	200 020
7	Other salaries and wages	133,000.	300,411.	137,544.	208,039.
8	Pension plan accruals and contributions (include	20 004	11 061	3,906.	E 017
_	section 401(k) and 403(b) employer contributions)	20,884. 57,502.	11,061. 26,180.	16,416.	5,917. 14,906.
9	Other employee benefits	37,302.			14,900.
10	Payroll taxes	74,975.	34,043.	21,428.	19,504.
11	Fees for services (nonemployees):	1 222 700	1 222 700		
а	Management	1,233,700.	1,233,700.	7 000	
	•	7,000.		7,000.	
	Accounting	18,750.		18,750.	
d	, 0	2,669.		2,669.	
е	Professional fundraising services. See Part IV, line 17	87,300.		87,300.	
f	Investment management fees	87,300.		87,300.	
g	Other. (If line 11g amount exceeds 10% of line 25,	26 161	22 000	2 261	
	column (A), amount, list line 11g expenses on Sch O.)	36,161. 48,536.	32,800. 47,476.	3,361.	1,060.
12	Advertising and promotion	60,709.	40,536.	6,313.	13,860.
13	Office expenses	75,627.	35,698.	18,915.	
14	Information technology	75,627.	35,090.	10,913.	21,014.
15	Royalties	8,794.	3,993.	2,513.	2,288.
16	Occupancy	0,794.	3,333.	2,313.	2,200.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70,091.	30,013.	21,484.	10 50/
19	Conferences, conventions, and meetings	70,091.	30,013.	41,404.	18,594.
20	Interest			+	
21	Payments to affiliates	9,679.	4,395.	2 766	2 510
22	Depreciation, depletion, and amortization	5,083.	1,293.	2,766.	2,518. 741.
23	Insurance	5,003.	1,493.	3,049.	/41•
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	201 620	381,638.		
a	PROGRAM DEVELOPMENT	381,638. 18,143.	301,038.	18,093.	ΕΛ
b	DUES AND FEES BANK FEES	9,858.		9,858.	50.
C		6,315.	717.	2,236.	2 262
d		5,180.	486.	۷,230٠	3,362. 4,694.
	All other expenses	9,303,499.	8,387,040.	541,433.	375,026.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,303,439.	0,301,040.	341,433.	3/3,040.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2023)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			255,489.	1	702,175.
	2	Savings and temporary cash investments			68,614.	2	1,976,129.
	3	Pledges and grants receivable, net		1,879,262.	3	1,300,211.	
	4	Accounts receivable, net		0.	4	9,067.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		_			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	835,701.
Assets	8	Inventories for sale or use				8	Y .
ğ	9	B				9	35,528.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	341,901.			
	b	Less: accumulated depreciation	10b	96,304.	241,276.	10c	245,597.
	11	Investments - publicly traded securities			83,272,146.	11	96,350,994.
	12	Investments - other securities. See Part IV, line	3,095,325.	12	311,292.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			41,127.	15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line (33)	88,853,239.	16	101,766,694.
	17	Accounts payable and accrued expenses			27,584.	17	32,995.
	18	Grants payable			110,250.	18	0.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24	Complete Part X	24 606 505		07 014 000
		of Schedule D			24,696,505.		
	26	Total liabilities. Add lines 17 through 25			24,834,339.	26	27,047,197.
S		Organizations that follow FASB ASC 958, ch	eck her	e X			
)Ce		and complete lines 27, 28, 32, and 33.			63,409,155.		72 210 172
alaı	27	Net assets without donor restrictions			609,745.	27	73,219,173.
Ä	28	Net assets with donor restrictions			009,745.	28	1,500,324.
ڃ		Organizations that do not follow FASB ASC 9	958, cn	eck here			
P.		and complete lines 29 through 33.					
ţţ	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			64,018,900.	31	7/ 710 /07
ž	32	Total net assets or fund balances				32	74,719,497.
	33	Total liabilities and net assets/fund balances			88,853,239.	33	101,766,694.

1 0111	1350 (2020)				1 6	<u> </u>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,34	9,0	46.
2	Total expenses (must equal Part IX, column (A), line 25)	2				99.
3	Revenue less expenses. Subtract line 2 from line 1	3				47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				00.
5	Net unrealized gains (losses) on investments	5	5	,67	6,2	63.
6	Donated services and use of facilities	6		-2	1,2	<u>13.</u>
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	74	<u>,71</u>	9,4	97.
Pa	rt XII Financial Statements and Reporting		*			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·	<u></u>			<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	١.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Inspection

Employer identification number

-*5724 ADIRONDACK FOUNDATION Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	8838901.	11894864.	13403243.	7109320.	10663940.	51910268.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8838901.	11894864.	13403243.	7109320.	10663940.	51910268.
	The portion of total contributions					7	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Y	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3772908.
6	Public support. Subtract line 5 from line 4.						48137360.
	ction B. Total Support						120207000
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		11894864.	13403243.	7109320.	10663940.	51910268.
	Gross income from interest,	000000			,		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	448,064.	1475073.	2542102.	1986913.	2119895.	8572047.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						60482315.
	Gross receipts from related activities,	etc. (see instruction	ons)				,962,553.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	ear as a section 5		
	organization, check this box and stop						
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	79.59 %
	Public support percentage from 2022					15	86.39 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	etion A. Public Support	ciow, piedoc comp	noto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,,	, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(=, == : =		(=) === :	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	O					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J			•	(/ (/)	· —
<u>C - </u>	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022		-			16	<u>%</u>
	ction D. Computation of Inves					I .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
_	more than 33 1/3%, check this box ar	=	-				
b	33 1/3% support tests - 2022. If the	· ·			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		L

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
S-0+	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			·
_			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule	Λ	(Earm	aan)	2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

1

2

3

4 5

6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
	Administrative expenses paid to accomplish exempt purpose		3		
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	y y y y y y y y y y y y y y y y y y y		6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ií)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	s	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.	·			
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ADIRONDACK FOUNDATION	**-***5724	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section o V, Section B, line 1e; Par	C,
PART II, SECTION A, LINE 5		
HISTORICALLY EXCESS CONTRIBUTIONS WERE NOT TRACKED. FOR THE	6/30/24	
FISCAL YEAR, WE STARTED TO TRACK THE EXCESS CONTRIBUTIONS AN	ID LOOKED	
BACK TO 2019 TO IDENTIFY ANY CONTRIBUTORS THAT SHOULD BE INC	LUDED ON	
LINE 5. THE CHANGE IN THE PUBLIC SUPPORT TEST WAS IMMATERIAL	AND THE	
FOUNDATION WOULD HAVE STILL PASSED THE PUBLIC SUPPORT TEST I	N PRIOR	
YEARS.		

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	Section 5	01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of orga	loyer identification number				
		-*5724				
Pa	art I-A	Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
2	Political	campaign activity expendit	ation's direct and indirect political ures gn activities		\$	
Pa	art I-B	Complete if the org	anization is exempt unde	r section 501(c)(3).	
_			incurred by the organization unde			
2	Enter the	amount of any excise tax	incurred by organization manager	s under section 4955	\$	
3	If the org	anization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt unde	r section 501(c), e	except section 501(c)(3).
1	Enter the	e amount directly expended	by the filing organization for sect	ion 527 exempt function	on activities\$	
2			ization's funds contributed to othe			
					\$	
3			. Add lines 1 and 2. Enter here an			
4			1120-POL for this year?			
5			mployer identification number (EIN			
	-	•	tion listed, enter the amount paid omptly and directly delivered to a			•
		•	additional space is needed, provid			c segregated faile of a
	1	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
	<u> </u>					
				1	Ī	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

	rt II-A Complete if the o			npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.						
В	Li	mits on Lobb	ying Expe		visions арріу.	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to i	nfluence publi	c opinion (grassroots lobbying)			
b	Total lobbying expenditures to i	nfluence a leg	islative boo	ly (direct lobbying)			
С	: Total lobbying expenditures (ad	d lines 1a and	1b)				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ures (add lines	1c and 1d)			
f	Lobbying nontaxable amount. E	nter the amou	int from the	e following table in both	n columns.		
	If the amount on line 1e, column (a	ı) or (b) is:	The lob	bying nontaxable am	ount is:		
	not over \$500,000,		20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,0	000,000,	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
	over \$1,000,000 but not over \$1	,500,000,	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$1	7,000,000,	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,	000.			
g	Grassroots nontaxable amount	enter 25% of	line 1f)				
h	Subtract line 1g from line 1a. If	zero or less, e	nter -0				
i	Subtract line 1f from line 1c. If z	,					
j	If there is an amount other than		line 1h or	line 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for the						Yes No
	(Some organization	s that made a	section 50 the separa	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all eles 2a through 2f.)	of the five columns b	elow.
		Lobb	ying Exper	nditures During 4-Yea	r Averaging Period	T	T
	Calendar year (or fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
<u>c</u>	: Total lobbying expenditures						
	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditure	es					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	n	(a	a)	(k	o)
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state,	or				
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?			X		
b Paid staff or management (include compensation in expenses reported on lines 1c thro			X		
c Media advertisements?			X		
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?			X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mea	ıns?		X		
i Other activities?		X		2	2,669.
j Total. Add lines 1c through 1i				2	2,669.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)	3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section	4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		5047.77	-1		
Part III-A Complete if the organization is exempt under section 501(c	c)(4), section	n 501(c)(o), or sec	tion	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
			2		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expendence. 	ditures from the	e prior year'	3	tion	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expendent III-B Complete if the organization is exempt under section 501(complete) 	ditures from the	e prior year' n 501(c)({	5), or sec		2 ic
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expendence. 	ditures from the	e prior year' n 501(c)({	5), or sec		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number **-***5724

Inspection

Name of the organization

ADIRONDACK FOUNDATION

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	116	
2	Aggregate value of contributions to (during year)	9,122,430.	
3	Aggregate value of grants from (during year)	6,848,113.	
4	Aggregate value at end of year	28,192,283.	
5	Did the organization inform all donors and donor advisors in v	_	
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor action charitable purposes and not for the benefit of the donor or		
			▼ □
Par		uanization answered "Yes" on Form 990. F	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		1, 1, 1, 1
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	<u> </u>	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	ervation easements during the year
_			San and the state of the state
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2d above	action, the requirements of section 170(b)	(4)(D)(i)
0			
9	In Part XIII, describe how the organization reports conservation	on assements in its revenue and expense	
Ū	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.	oto to the organization o imanolal otatome	The trial describes the
Par		Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		331,241.	85,684.	245,557.
d Equipment		10,660.	10,620.	40.
e Other				
Total Add lines 13 through 19 (Calumn (d) must acuse	1 Farma 2000 Bart V line 1	0 (D))		245 597.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ADIRONDACK F	OUNDATION	**	-***5724 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			7
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 000 Dort IV line 1	11 a Can Form 000 Dort V line 12	
(a) Description of investment		(c) Method of valuation: Cost or end	d of voor morket volve
	(b) Book value	(c) Metriod of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 000 Part IV line 1	11d Soc Form 000 Part V line 15	
	escription	Tid. See Form 990, Fart X, line 13.	(b) Book value
	escription		(b) BOOK Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	,
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD AS ORGANIZATION			

<u>1. </u>	(a) Description of liability					
(1)	Federal income taxes					
(2)	FUNDS HELD AS ORGANIZATION					
(3)	ENDOWMENTS	9,173,716.				
(4)	FUNDS HELD FOR SUPPORTING					
(5)	ORGANIZATIONS	17,840,486.				
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	27,014,202.				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 AL	TRONDACK FOUNDATION			~ ~ _	^^^5/24 Page 4
	venue per Audited Financial State		n Revenue per Re	turn	
	on answered "Yes" on Form 990, Part IV, line	12a.		1	18,723,096.
1 Total revenue, gains, and other su2 Amounts included on line 1 but no				1	10,723,090.
	vestments	2a	5,676,263.		
	ties		18,787.		
			-1,233,700.	-	
				2e	4,461,350.
9				3	14,261,746.
4 Amounts included on Form 990, F					
	on Form 990, Part VIII, line 7b	4a	87,300.		
				4c	87,300.
5 Total revenue. Add lines 3 and 4c	(This must equal Form 990. Part I. line 12.)			5	14,349,046.
Part XII Reconciliation of Ex	penses per Audited Financial Stat	ements Wit	h Expenses per F	Retur	n
	n answered "Yes" on Form 990, Part IV, line				0.000.400
	dited financial statements			1	8,022,499.
2 Amounts included on line 1 but no	·	1 1	40 000		
	ties		40,000.	-	
					40 000
				2e	40,000. 7,982,499.
				3	7,904,499.
4 Amounts included on Form 990, F		1.1	97 200		
	d on Form 990, Part VIII, line 7b		87,300. 1,233,700.	-	
					1,321,000.
				4c 5	9,303,499.
Part XIII Supplemental Inform	kc. (This must equal Form 990, Part I, line 18., nation) /		5	9,303,499.
	rt II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1	h and 2h: Part V line 4	· Part `	X line 2: Part XI
	nd 4b. Also complete this part to provide any			, 1 411	Λ, πιο Σ, Γαιτ Λι,
	a iso sompleto un parco promo un,				
PART X, LINE 2:					
A COOLINIMANO DE INCADA E	G GENERALLY AGGERMEN T			ο	3.MED T.0.3
ACCOUNTING PRINCIPLE	S GENERALLY ACCEPTED II	N THE OF	ILED STATES	OF	AMERICA
RECUTRE THE FOUNDATT	ON TO EVALUATE ALL SIG	NTETCANT	TAX POSTTT	ONS	. AS OF
					·
JUNE 30, 2024 THE FO	UNDATION DOES NOT BELI	EVE THAT	TIT HAS TAK	EN .	ANY
•					
POSITIONS THAT WOULD	REQUIRE THE RECORDING	OF ANY	TAX LIABILI	TY,	NOR DOES
IT BELIEVE THAT THER	E ARE ANY UNREALIZED T	AX BENE	TITS THAT SH	OUL:	D BE
RECORDED.					
PART XI, LINE 2D - O	THER ADJUSTMENTS.				
11111 21, HINE 2D - O	IIIII ADOUDIMENTO.				
SUPPORTING FEES					-1,233,700.
					•

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

13001108 751309 42127.20

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ADIRONDAC	K FOUNDAT:	ION					**-**5724
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro 	stance?				-		on X Yes No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
350.ORG PO BOX 843004 BOSTON, MA 02284-3004	**-***0699	501(C)3	8,500.	0.	3		FOR UNRESTRICTED SUPPORT
ABENAQUE CHAPTER OES #745 2 EMERSON ROAD LONG LAKE, NY 12847	**_***9694	501(C)10	6,500.	0.			FOR FLOOD SUPPORT OF DAMAGED COMMUNITIES IN THE CENTRAL ADIRONDACKS
ADIRONDACK CENTER FOR LOON CONSERVATION - PO BOX 195 - RAY BROOK, NY 12977	**-***1117	501(C)3	15,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	**-***2418	501(C)3	8,226.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	**-***2652	501(C)3	10,000.	0.			FOR SUPPORT OF THE
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	**-***2652	501(C)3	250,000.	0.			FOR SUPPORT OF THE FOLLENSBY POND PRESERVE GIFT TO MATCH THE NYSDEC EASEMENTS AND PAYMENTS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				346.
3 Enter total number of other organizations							14.
For Paperwork Reduction Act Notice, see th	ne Instructions for	Form 990.					Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK COUNCIL 103 HAND AVE. SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	**-***4386	501(C)3	15,000.	0.			FOR SUPPORT OF THE ANNUAL WITHDRAWAL FROM THE ACF TO THE COUNCIL'S OPERATING FUND
ADIRONDACK COUNCIL 103 HAND AVE. SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	**-***4386	501(C)3	22,000.	0.			FOR SUPPORT OF THE ANNUAL WITHDRAWAL FROM THE PETTY FUND TO THE COUNCIL'S OPERATING FUND
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION - 67 MAIN ST SUITE 300 - SARANAC LAKE, NY 12983	**-***3540	501(C)3	20,000.	0.			FOR YEAR THREE SUPPORT OF "BUILDING ECONOMIC EQUITY IN THE NORTH COUNTRY"
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	10,000.	0.			FOR ANNUAL SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	15,000.	0.			FOR SUPPORT OF THE ANNUAL
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	25,000.	0.			FOR SUPPORT TO SPONSOR: DONALD JAMES WYNN, CEDRIC GATES, 1975
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	**-***5801	501(C)3	25,000.	0.			FOR SUPPORT OF THE BOB WORTH PUBLICATION FUND

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	**-***1617	501(C)3	7,000.	0.			FOR UNRESTRICTED SUPPORT OF THE ADIRONDACK EXPLORER
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	**-***1617	501(C)3	7,500.	0.			FOR THE "JOBS 2.0: THE FUTURE OF EMPLOYMENT FOR THE ADIRONDACKS" APPLICATION. THIS GRANT
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	**-***1617	501(C)3	10,000.	0.			IN HONOR OF DICK BEAMISH
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	**-***1617	501(C)3	20,000.	0.			FOR SUPPORT OF CLIMATE REPORTING INITIATIVE-\$10,000 AND FOR SUPPORT OF GENERAL
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	**-***1617	501(C)3	25,000.	0.			FOR SUPPORT OF THE CAMPAIGN
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	**-***8554	501(C)3	10,000.	0.			FOR SUPPORT OF THE CAMPAIGN
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	**-***8554	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	**-***8554	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HOUSING DEVELOPMENT CORPORATION - 14 KIWASSA ROAD - SARANAC LAKE, NY 12983	**-***1597	501(C)3	5,500.	0.			FOR THE "PROJECT MANAGER FOR AFFORDABLE HOUSING DEVELOPMENT" APPLICATION. THIS GRANT IS FUNDED BY

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ADIRONDACK LAKES CENTER FOR THE							
ARTS - 3446 NYS ROUTE 28 PO BOX							
205 - BLUE MOUNTAIN LAKE, NY							FOR SUPPORT OF A NEW
12812	**-***1361	501(C)3	10,000.	0.			BUILDING
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							
KEENE, NY 12942	**-***9576	501(C)3	10,000.	0.			FOR ANNUAL SUPPORT
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							FOR UNRESTRICTED SUPPORT
KEENE, NY 12942	**-***9576	501(C)3	10,000.	0.			OF THE ALT MISSION
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							
KEENE, NY 12942	**-***9576	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							FOR SUPPORT OF THE ANNUA
KEENE, NY 12942	**-***9576	501(C)3	10,000.	0.			FUND
	30.0	552(5)5		-			
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							
KEENE, NY 12942	**-***9576	501(C)3	12,500.	0.			FOR UNRESTRICTED SUPPORT
		2/1/					
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							
KEENE, NY 12942	**-***9576	501(C)3	20,000.	0.			FOR UNRESTRICTED SUPPORT
ADIDOMDACK LAND MOVEM							EOD GUDDODE TH MENORY OF
ADIRONDACK LAND TRUST							FOR SUPPORT IN MEMORY OF
2861 NYS 73 PO BOX 130	** ***	504 (5) 0					ELIZABETH AND DAVID
KEENE, NY 12942	**-***9576	DUI(C)3	22,250.	0.			ACKERMAN
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							FOR SUPPORT OF THE
KEENE, NY 12942	**-***9576	501(C)3	25,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK LAND TRUST							
2861 NYS 73 PO BOX 130							FOR SUPPORT OF THE
KEENE, NY 12942	**-***9576	501(C)3	25,000.	0.			WILDERNESS TRAILS PROJEC
·							
ADIRONDACK MOUNTAIN CLUB							
PO BOX 4390							FOR THE 2024 SUMMIT
QUEENSBURY, NY 12804	**-***6270	501(C)3	8,000.	0.			STEWARD PROGRAM
							FOR THE "INCREASED
ADIRONDACK ROOTS							CAPACITY FOR ADIRONDACK
103 HAND AVENUE PO BOX 157							COMMUNITY HOUSING TRUST"
ELIZABETHTOWN, NY 12932	**-***1549	501(C)3	10,000.	0.			APPLICATION. THIS GRANT
ADKACTION.ORG							
PO BOX 64							FOR SUPPORT OF THE
KEESEVILLE, NY 12944	**-***4665	501(C)3	10,000.	0.			LEADERSHIP CIRCLE
ADKACTION.ORG							
PO BOX 64							FOR SUPPORT OF TOM BOOTH
KEESEVILLE, NY 12944	**-***4665	501(C)3	10,000.	0.			INTERNSHIPS
							FOR THE "LONG TERM RENTA
ADKACTION.ORG							CATALYST PILOT PROGRAM"
PO BOX 64							APPLICATION. THIS GRANT
KEESEVILLE, NY 12944	**-***4665	501(C)3	10,000.	0.			IS FUNDED BY THE GENEROU
ADKACTION.ORG							FOR THE "HAMILTON COUNTY
PO BOX 64		, i					LOCAL GROCERY
KEESEVILLE, NY 12944	**-***4665	501(C)3	10,000.	0.			CONNECTIONS" APPLICATION
							FOR THE "SHARING OUR
ADKACTION.ORG							STRENGTH: BUILDING
PO BOX 64							STRATEGY AND CAPACITY FO
KEESEVILLE, NY 12944	**-***4665	501(C)3	15,000.	0.			ADIRONDACK FOOD SYSTEMS"
ADKACTION.ORG							
PO BOX 64							
KEESEVILLE, NY 12944	**-***4665	501(C)3	25,000.	0.		1	FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							FOR SUPPORT OF THE
AMERICAN FRIENDS OF CHRIST CHURCH,							CHRISTOPHER LEWIS FUND
INC 3900 NYS ROUTE 22 -							FOR THE CHRIST CHURCH
WILLSBORO, NY 12996	**-***0129	501(C)3	29,406.	0.			MEADOW
AMERICAN FRIENDS OF CHRIST CHURCH,							TO SUPPORT THE
INC 3900 NYS ROUTE 22 -							CHRISTOPHER LEWIS FUND
WILLSBORO, NY 12996	**-***0129	501(C)3	50,000.	0.			FOR CHRIST CHURCH MEADOW
							FOR SUPPORT OF THE EDWARI
AMERICAN FRIENDS OF CHRIST CHURCH,							H. BURN LAW TUTOR
INC 3900 NYS ROUTE 22 -							ENDOWMENT AT THE REQUEST
WILLSBORO, NY 12996	**-***0129	501(C)3	50,000.	0.			OF PETER S. PAINE JR AND
							FOR SUPPORT OF THE BISON
AMERICAN INDIAN COLLEGE FUND							RESTORATION SCHOLARSHIP
8333 GREENWOOD BLVD.							FOR A STUDENT AT AANIIIH
DENVER, CO 80221	**-***3446	501(C)3	10,000.	0.			NAKODA COLLEGE
AUSABLE FORKS FREE LIBRARY							
PO BOX 179							
AUSABLE FORKS, NY 12912	**-***3924	501(C)3	21,000.	0.			FOR UNRESTRICTED SUPPORT
AUSABLE FRESHWATER CENTER AKA							
AUSABLE RIVER ASSOCIATION - 1181							FOR SUPPORT OF THE SALT
HASELTON ROAD PO BOX 8 -							USE REDUCTION INITIATIVE
WILMINGTON, NY 12997	**-***9764	501(C)3	15,000.	0.			ON MIRROR LAKE
			1				
BERKSHIRE CHORAL INTERNATIONAL							
75 NORTH STREET SUITE 310							FOR SUPPORT FROM A
PITTSFIELD, MA 01201	**-***6807	501(C)3	5,500.	0.			TRUSTEE DONATION
BERKSHIRE CHORAL INTERNATIONAL							
75 NORTH STREET SUITE 310							
PITTSFIELD, MA 01201	**-***6807	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
							IN SUPPORT OF TWO
BRUCE L. CRARY FOUNDATION, INC.							FOUNDATION CO-OP
8273 RIVER STREET PO BOX 396							SCHOLARSHIPS FOR NON
ELIZABETHTOWN, NY 12932	**-***6844	501(C)3	7,000.	0.			TRADITIONAL STUDENTS

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUCE L. CRARY FOUNDATION, INC.							
8273 RIVER STREET PO BOX 396							
ELIZABETHTOWN, NY 12932	**-***6844	501(C)3	50,000.	0.			FOR SUPPORT OF OPERATIONS
·			·				
BRUCE L. CRARY FOUNDATION, INC.							
8273 RIVER STREET PO BOX 396							
ELIZABETHTOWN, NY 12932	**-***6844	501(C)3	55,000.	0.			FOR SUPPORT OF OPERATIONS
BRUCE L. CRARY FOUNDATION, INC.							L
8273 RIVER STREET PO BOX 396							FOR 2023 FALL SEMESTER
ELIZABETHTOWN, NY 12932	**-***6844	501(C)3	150,000.	0.	·		SCHOLARSHIP AWARDS
BRUCE L. CRARY FOUNDATION, INC.							
8273 RIVER STREET PO BOX 396							FOR SUPPORT OF SPRING
ELIZABETHTOWN, NY 12932	**-***6844	501(C)3	150,000.	0.			2024 SCHOLARSHIP AWARDS
							FOR THE "CHATEAUGAY
CHATEAUGAY CENTRAL SCHOOL DISTRICT							BULLDOGS SUMMER CAMP"
42 RIVER STREET PO BOX 904							APPLICATION REQUESTED BY
CHATEAUGAY, NY 12920	**-***2532	170(C)1	8,000.	0.			MICHELLE ARMANI. THIS
CHILD CARE COORDINATING COUNCIL OF							FOR SUPPORT OF FAMILY
THE NORTH COUNTRY, INC 194 US							MATTERS RESOURCE CENTER
OVAL PO BOX 2640 - PLATTSBURGH,							AND FAMILIES IN TUPPER
NY 12901	**-***1550	501(C)3	17,840.	0.			LAKE
CHURCH OF ST. LUKE THE BELOVED							
PHYSICIAN - 136 MAIN ST							
SARANAC LAKE, NY 12983	**-***9445	501(C)3	50,000.	0.			FOR UNRESTRICTED SUPPORT
							FOR UNRESTRICTED SUPPORT
CLIFTON COMMUNITY LIBRARY							TO SUSTAIN THE MISSION
7171 STATE HWY 3							AND WORK OF THE LIBRARY
CRANBERRY LAKE, NY 12927	**-***8415	501(C)3	15,000.	0.			AND IMPROVE ITS IMPACT OF
CLIFTON-FINE CENTRAL SCHOOL							
							EOD WHE DAMOWN
DISTRICT - 11 HALL AVENUE - STAR	** ***	170/01	15 000	•			FOR THE DAMOTH
LAKE, NY 13690	**-***2316	F \0 (C) T	15,000.	0.			SCHOLARSHIP FOR 2024

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	**-***7609	501(C)3	15,000.	0.			FOR FURTHER DISTRIBUTIONS BACK TO THE COMMUNITY IN 2024
CLINTON ESSEX FRANKLIN LIBRARY SYSTEM - 33 OAK STREET - PLATTSBURGH, NY 12901-2810	**-***6254	501(C)3	10,000.	0.			FOR THE ADVANCING LIBRARIES THROUGH TRAINING AND TECHNOLOGY PROJECT
CLINTON ESSEX FRANKLIN LIBRARY SYSTEM - 33 OAK STREET - PLATTSBURGH, NY 12901-2810	**-***6254	501(C)3	10,000.	0.			FOR THE "COMMUNITY CARE PROJECT" APPLICATION
COLUMBIA UNIVERSITY DEPT. OF OPTHAMOLOGY, VITREORETINAL DIVISION 635 WEST 165TH STREET, BOX #1	**-***8093	501(C)3	20,000.	0.			FOR SUPPORT OF THE DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION, DIRECTED TO THE WORK OF
CRAIGARDAN 9216 NYS RT 9N ELIZABETHTOWN, NY 12932	**-***0195		10,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF NILS LUDEROWSKI
CRANBERRY LAKE VOLUNTEER FIRE DEPT PO BOX 549 - CRANBERRY LAKE, NY 12927	**_**5414		15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPARTMENT AND IMPROVE
DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	**-***6737	501(C)3	34,000.	0.			FOR UNRESTRICTED SUPPORT
EAGLE ISLAND, INC. PO BOX 245 LIVINGSTON, NJ 07039	**-***8675	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ECUMENICAL COUNCIL OF SARANAC LAKE, INC PO BOX 194 - SARANAC LAKE, NY 12983	**-***3973	501(C)3	10,000.	0.			FOR THE "SAMARITAN HOUSE OPERATING SUPPORT" APPLICATION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION OF SARASOTA							
COUNTY - 1960 LANDINGS BLVD #120 -							
SARASOTA, FL 34231	**-***0858	501(C)3	6,000.	0.			FOR UNRESTRICTED SUPPORT
ELIZABETHTOWN COMMUNITY HOSPITAL							
75 PARK STREET PO BOX 277							
ELIZABETHTOWN, NY 12932-0277	**-***4513	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
ELIZABETHTOWN-LEWIS EMERGENCY						~	TO ENSURE ONGOING
SQUAD - PO BOX 443 -							EXCELLENT CARE OF THE
ELIZABETHTOWN, NY 12932	**-***1510	501(C)3	20,000.	0.			COMMUNITY
EPILEPSY FOUNDATION OF							TO PROVIDE RESOURCES FOR
NORTHEASTERN NEW YORK, INC 3							INSTITUTIONS TO BUILD
WASHINGTON SQUARE - ALBANY, NY							AWARENESS AND
12205	**-***7156	501(C)3	45,000.	0.			UNDERSTANDING OF THE
							L
ESSEX COUNTY PUBLIC HEALTH							FOR SUPPORT OF PERINATAL
132 WATER STREET		504 (5) 0					HOME VISITING PROGRAM
ELIZABETHTOWN, NY 12932	**-***2889	501(C)3	10,000.	0.			DATA AND TRACKING EFFORTS
FAMILIES FIRST IN ESSEX COUNTY,							
INC 196 WATER STREET PO BOX 565							
- ELIZABETHTOWN, NY 12932	**-***3863	501(C)3	7,800.	0.			FOR UNRESTRICTED SUPPORT
·							FOR SUPPORT OF EQUINE
FLYING CHANGE FOUNDATION, INC.							WORK WITH CHILDREN IN THE
408 MOUNTAIN VIEW DRIVE							GREATER ESSEX, NY
WILLSBORO, NY 12996	**-***6552	501(C)3	97,000.	0.			COMMUNITY, A GIFT FROM
FOUNDATION OF CVPH & UVM HEALTH			,				FOR SUPPORT OF THE
NETWORK - ALICE HYDE MEDICAL							CONTINUING EDUCATION AND
CENTER - 75 BEEKMAN ST							PROFESSIONAL DEVELOPMENT
PLATTSBURGH, NY 12901-1438	**-***7048	501(C)3	5,500.	0.			OF EMPLOYEES OF THE
·			, ,				FOR THE "JET: JOB
FRANKLIN-ESSEX-HAMILTON BOCES							EMPLOYMENT TRAINING"
23 HUSKIE LANE PO BOX 28							APPLICATION AT THE
MALONE, NY 12953	**-***2363		11,500.	0.			REQUEST OF STACY VINCENT.

Part II Continuation of Grants and Other A		l		(===		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOFF-NELSON MEMORIAL LIBRARY							
41 LAKE STREET						_	
TUPPER LAKE, NY 12986	**-***1803	501/0\3	9,000.	0.			FOR UNRESTRICTED SUPPORT
TOFFER BARE, NT 12500	1003	501(0/5	3,000.	0.			FOR UNKESTRICIED SUFFORT
HAMILTON COLLEGE							
ADVANCEMENT OFFICE 198 COLLEGE HILL							FOR THE SAGE RINK AND
CLINTON, NY 13323	**-***2200	501(C)3	10,000.	0.			1998 ECAC TEAM OFFICE
CHINION, NI 13323	2200	501(0/5	10,000.	••			I I I I I I I I I I I I I I I I I I I
HEMLOCK HALL RESORT, LLC							
PO BOX 110							
BLUE MOUNTAIN LAKE, NY 12812		FOR PROFIT	7,750.	0.			FOR FLOOD RELIEF
BBOL MOONIMIN BINE, NI 12012		TOR TROTTI	7,750.	<u> </u>			I OK THOOD KEETER
HEMLOCK HALL RESORT, LLC							
PO BOX 110							
BLUE MOUNTAIN LAKE, NY 12812		FOR PROFIT	19,685.	0.			FOR FLOOD RELIEF
BLOE MOUNTAIN LAKE, NI 12012		FOR FROFII	13,083.	0.			FOR FLOOD RELIEF
HEMIOCK HAII BESORM IIC							
HEMLOCK HALL RESORT, LLC PO BOX 110							
		FOR PROFIT	21 200	0.			FOR FLOOD RELIEF
BLUE MOUNTAIN LAKE, NY 12812		FOR PROFIT	31,300.	0.			FOR THE "HELPING HANDS
HOMEGMEN DEVELOPMENT GODD							
HOMESTEAD DEVELOPMENT CORP.							COMMUNITY HUB"
70 TRILLIUM DR	**-***6443	F01 (G) 2	0.000	0			APPLICATION. THIS GRANT
LAKE PLACID, NY 12946	**-***6443	501(C)3	9,200.	0.			IS FUNDED BY THE GENEROU
WONTERED DEVELOPMENT GODD							
HOMESTEAD DEVELOPMENT CORP.							L
70 TRILLIUM DR	** ****			_			FOR SUPPORT OF THE LAKE
LAKE PLACID, NY 12946	**-***6443	501(C)3	10,000.	0.			PLACID FOOD PANTRY
							L
HOMESTEAD DEVELOPMENT CORP.							FOR SUPPORT RESTRICTED T
70 TRILLIUM DR							THE LAKE PLACID FOOD
LAKE PLACID, NY 12946	**-***6443	501(C)3	25,000.	0.			PANTRY
							L
HOMESTEAD DEVELOPMENT CORP.							FOR SUPPORT OF THE LAKE
70 TRILLIUM DR							PLACID FOOD PANTRY AND
LAKE PLACID, NY 12946	**-***6443	501(C)3	25,000.	0.			THRIFT SHOP

(a) Name and address of	(b) EINI	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(h) Durages of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMESTEAD DEVELOPMENT CORP.							FOR THE LAKE PLACID FOOD
70 TRILLIUM DR							PANTRY/THRIFT SHOP
LAKE PLACID, NY 12946	**-***6443	501(C)3	92,000.	0.			PROJECT
·							
HOMESTEAD DEVELOPMENT CORP.							FOR SUPPORT OF THE LAKE
70 TRILLIUM DR							PLACID FOOD PANTRY AND
LAKE PLACID, NY 12946	**-***6443	501(C)3	160,000.	0.			THRIFT SHOP PROJECT
							FOR THE "ADA ACCESSIBLE
HOMEWARD BOUND-ADIRONDACKS							CABIN FOR VETERANS TO
PO BOX 1100							ATTEND PTSD RETREATS"
SARANAC LAKE, NY 12983	**-***2529	501(C)3	20,000.	0.			APPLICATION. THIS GRANT
							L
INFANT JESUS OF PRAGUE, INC.							FOR SUPPORT OF FURTHER
PO BOX 1238	** ****	504 (5) 0					DISTRIBUTION TO THE
TUPPER LAKE, NY 12986	**-***6247	501(C)3	24,800.	0.			COMMUNITY
THEANM TEGLIC OF DRAGILE THE							FOR ADDITIONAL SUPPORT
INFANT JESUS OF PRAGUE, INC. PO BOX 1238							AND DISTRIBUTION TO THE
TUPPER LAKE, NY 12986	**-***6247	501/C\3	24,800.	0.			COMMUNITY 2024
TUPPER LAKE, NI 12900	- 6247	501(C)3	24,800.	0.			COMMONITY 2024
INTERNATIONAL RESCUE COMMITTEE							
PO BOX 6068							
ALBERT LEA, MN 56007-9847	**-***0870	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
,							
KEENE VALLEY CONGREGATIONAL CHURCH							
1791 NYS ROUTE 73 PO BOX 27							
KEENE VALLEY, NY 12943	**-***1182	501(C)3	6,000.	0.			FOR UNRESTRICTED SUPPORT
KEENE VALLEY CONGREGATIONAL CHURCH							
1791 NYS ROUTE 73 PO BOX 27							FOR SUPPORT OF THE KEENE
KEENE VALLEY, NY 12943	**-***1182	501(C)3	6,000.	0.			FOOD PANTRY
KEENE VALLEY HOSE AND LADDER CO.							
#1 - PO BOX 699 - KEENE VALLEY,							
NY 12943	**-***3393	P01(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEENE VALLEY LIBRARY ASSOCIATION							
1796 RTE 73 PO BOX 86							
KEENE VALLEY, NY 12943	**-***9842	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE GEORGE ASSOCIATION							
2392 STATE ROUTE 9N PO BOX 408	**-***0565	E01/G) 2	10.000	0.			HOD INDEGEDIGHED GUDDODE
LAKE GEORGE, NY 12845	0365	501(0)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE GEORGE ASSOCIATION							
2392 STATE ROUTE 9N PO BOX 408							
LAKE GEORGE, NY 12845	**-***0565	501(C)3	13,000.	0.			FOR SUPPORT OF OPERATION
			ĺ				
LAKE GEORGE LAND CONSERVANCY							
4905 LAKE SHORE DRIVE PO BOX 1250							FOR SUPPORT OF THE 2023
BOLTON LANDING, NY 12814	**-***2944	501(C)3	8,000.	0.			EVENT
LAKE GEORGE LAND CONSERVANCY							
4905 LAKE SHORE DRIVE PO BOX 1250							
BOLTON LANDING, NY 12814	**-***2944	501(C)3	12,000.	0.			FOR SUPPORT OF WIAWAKA
INC. DIAGED GENERA DOR EUR AREG							FOR SUPPORT OF
LAKE PLACID CENTER FOR THE ARTS							PERFORMANCE IN DANCE,
17 ALGONQUIN AVE. LAKE PLACID, NY 12946	**-***0874	501/0\3	24,900.	0.			MUSICALS, CONCERTS, FILM CHILDRENS PROGRAMMING.
DARE FLACID, NI 12340	- 0074	501(0)5	24,300.	0.			CHILDRENS FROGRAMMING,
LAKE PLACID CENTER FOR THE ARTS							FOR THE EDUCATION
17 ALGONQUIN AVE.							PROGRAMMING AND ARTS
LAKE PLACID, NY 12946	**-***0874	501(C)3	50,000.	0.			OUTREACH PROJECT
			, , , , , , , , , , , , , , , , , , ,				
LAKE PLACID CENTER FOR THE ARTS							
17 ALGONQUIN AVE.							FOR SUPPORT OF THE
LAKE PLACID, NY 12946	**-***0874	501(C)3	50,000.	0.			CAPITAL CAMPAIGN
LAKE PLACID CENTER FOR THE ARTS							
17 ALGONQUIN AVE.	**-***0874	E01/G\2	F1 000				EOD IMPROMPTOMED CURSON
LAKE PLACID, NY 12946	108/4	DOT (C) 3	51,000.	0.			FOR UNRESTRICTED SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE PLACID CENTER FOR THE ARTS							
17 ALGONQUIN AVE.							FOR SUPPORT OF THE LPCA'S
LAKE PLACID, NY 12946	**-***0874	501(C)3	100,000.	0.			CAPITAL CAMPAIGN
			, -	-			FOR SUPPORT OF ED OP
LAKE PLACID CENTRAL SCHOOL							INITIATIVES AS OF
DISTRICT - 50 CUMMINGS ROAD -							5/2/243 TEACHER
LAKE PLACID, NY 12946	**-***1627	170(C)1	15,511.	0.			INNOVATION GRANTS
LAKE PLACID CENTRAL SCHOOL						Y	FOR THE 2024 LAKE PLACID
DISTRICT - 50 CUMMINGS ROAD -	** ****						EDUCATION FOUNDATION
LAKE PLACID, NY 12946	**-***1627	170(C)1	20,000.	0.			SCHOLARSHIP RECIPIENTS
LAKE PLACID CENTRAL SCHOOL							FOR THE 2024 NASH WILLIAMS/FOUNDING
DISTRICT - 50 CUMMINGS ROAD -							FAMILIES SCHOLARSHIPS
LAKE PLACID, NY 12946	**-***1627	170(C)1	23,000.	0.			WHICH SUPPORT STUDENTS
mill Thirth, NT 12510	1027	1,0(0,1	23,000	3.			WILLIAM BOLLOW BLODENIS
LAKE PLACID CENTRAL SCHOOL							FOR SUPPORT OF THE 2024
DISTRICT - 50 CUMMINGS ROAD -							8TH GRADE TRIP TO
LAKE PLACID, NY 12946	**-***1627	170(C)1	41,100.	0.			WASHINGTON DC
LAKE PLACID PUBLIC LIBRARY							
2471 MAIN STREET							FOR TECHNOLOGY AND
LAKE PLACID, NY 12946	**-***5847	501(C)3	20,000.	0.			EDUCATION
IAVE DIACID CINEONIEMMA INC							
LAKE PLACID SINFONIETTA, INC. PO BOX 1303							
LAKE PLACID, NY 12946	**-***8012	501(C)3	6,700.	0.			FOR UNRESTRICTED SUPPORT
EME TEMETS, NI 12510	0011	301(0)3	0,700.	•			TON ONNESTRECTED BOTTON
LAKE PLACID SINFONIETTA, INC.							
PO BOX 1303							FOR SUPPORT OF THE 2024
LAKE PLACID, NY 12946	**-***8012	501(C)3	11,300.	0.			SUMMER SEASON
LAKE PLACID SINFONIETTA, INC.							
PO BOX 1303	** *****	501/612	10.500				
LAKE PLACID, NY 12946	**-***8012	D01(C)3	12,500.	0.			TO SUPPORT OPERATIONS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE PLACID SINFONIETTA, INC.							
PO BOX 1303						4	FOR THE MAGIC IN THE
LAKE PLACID, NY 12946	**-***8012	501(C)3	20,000.	0.			MOUNTAINS PROJECT
man imicib, ai ibiio	0012	301(0)3	20,000.	•			
LAKE PLACID-NORTH ELBA HISTORICAL							FOR THE ENHANCED
SOCIETY - 242 STATION STREET PO							EDUCATIONAL ACCESSIBILITY
BOX 189 - LAKE PLACID, NY 12946	**-***2009	501(C)3	8,000.	0.			INITIATIVE
,			,				FOR THE "EXPANDING
LAKESIDE PRESCHOOL: LAKESIDE							PROGRAMS TO INCREASE
SCHOOL AT BLACK KETTLE FARM - 6							ACCESS TO AFFORDABLE
LEANING ROAD - ESSEX, NY 12936	**-***8520	501(C)3	13,000.	0.			CHILD CARE" APPLICATION.
LAKESIDE PRESCHOOL: LAKESIDE							
SCHOOL AT BLACK KETTLE FARM - 6							
LEANING ROAD - ESSEX, NY 12936	**-***8520	501(C)3	15,000.	0.			FOR UNRESTRICTED SUPPORT
LITERACY VOLUNTEERS OF CLINTON,							FOR THE "ADVANCEMENT OF
ESSEX AND FRANKLIN COUNTIES - 101							ADULT LITERACY AND CAREER
BROAD STREET 052 HAWKINS HALL POB							PATHWAYS". THIS GRANT IS
2864 - PLATTSBURGH, NY 12901	**-***0109	501(C)3	6,250.	0.			FUNDED BY THE GENEROUS
LITERACY VOLUNTEERS OF CLINTON,							FOR THE "ADVANCEMENT OF
ESSEX AND FRANKLIN COUNTIES - 101							ADULT LITERACY AND CAREER
BROAD STREET 052 HAWKINS HALL POB	** ****			_			PATHWAYS". THIS GRANT IS
2864 - PLATTSBURGH, NY 12901	**-***0109	501(C)3	7,500.	0.			FUNDED BY THE GENEROUS
							FOR UNRESTRICTED SUPPORT
LITTLE PEAKS INC.							AT THE RECOMMENDATION OF
PO BOX 261	**-***4289	E01/G) 2	10 000	0.			JAMES AND PAMELA MCCLELLAND
KEENE, NY 12942-0261	4209	501(0)3	10,000.	0.			MCCLELLAND
LITTLE PEAKS INC.							
PO BOX 261							FOR SUPPORT TO USE WHERE
KEENE, NY 12942-0261	**-***4289	501(C)3	10,000.	0.			MOST NEEDED
		, - , -		<u> </u>			FOR "A SUSTAINABLE OASIS:
LITTLE PEAKS INC.							INVESTING IN LITTLE PEAKS
PO BOX 261							AS INTEGRAL TO REMEDYING
KEENE, NY 12942-0261	**-***4289	501(C)3	10,000.	0.			THE ADK CHILDCARE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE PEAKS INC.							
PO BOX 261							
KEENE, NY 12942-0261	**-***4289	501(C)3	18,100.	0.			FOR TUITION SUPPORT
LITTLE PEAKS INC.							
PO BOX 261							FOR SUPPORT OF THE
KEENE, NY 12942-0261	**-***4289	501(C)3	23,000.	0.			EXECUTIVE DIRECTOR
LITTLE PEAKS INC.							
PO BOX 261							
KEENE, NY 12942-0261	**-***4289	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
LONG LAKE DINER							
1161 MAIN STREET							
LONG LAKE, NY 12847		FOR PROFIT	10,000.	0.			FOR FLOOD RELIEF
							FOR UNRESTRICTED SUPPORT
LONG LAKE FIRE DEPARTMENT							WITH THANKS FROM THE
PO BOX 576							COMMUNITY FOR THEIR
LONG LAKE, NY 12847	**-***3573	501(C)3	14,000.	0.			SERVICE DURING THE SUMME
							FOR UNRESTRICTED SUPPORT
LONG LAKE RESQUE SQUAD, INC.							WITH THANKS FROM THE
8555 NEWCOMB ROAD PO BOX 415							COMMUNITY FOR THEIR
LONG LAKE, NY 12847	**-***6469	501(C)3	12,500.	0.			SERVICE DURING THE SUMME
MALONE VETERANS FIELD FOUNDATION							
20 BIGELOW STREET							FOR SUPPORT OF THE
MALONE, NY 12953	**-***6903	501(C)3	6,818.	0.			SCOREBOARD
							FOR THE "AGE-FRIENDLY
MERCY CARE FOR THE ADIRONDACKS							COMMUNITIES IN THE
185 OLD MILITARY ROAD	1						ADIRONDACKS" APPLICATION
LAKE PLACID, NY 12946	**-***0121	501(C)3	9,000.	0.			THIS GRANT IS FUNDED BY
							FOR SUPPORT OF OPERATION
MERCY CARE FOR THE ADIRONDACKS							IN THE AMOUNT OF \$15,000
185 OLD MILITARY ROAD							AND \$10,000 FOR SUPPORT
LAKE PLACID, NY 12946	**-***0121	501(C)3	25,000.	0.			OF ENDOWMENT

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (SCH	edule i (Form 990), Pa T	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN OPERA ASSOCIATION,							
INC OFFICE OF DEVELOPMENT 30							FOR UNRESTRICTED SUPPORT
LINCOLN CENTER - NEW YORK, NY				_			AT THE RECOMMENDATION OF
10023	**-***4087	501(C)3	8,500.	0.			ERNEST E. KEET
WIGGION TROP GAN DIREC							HOD GUDDODE HO & HDIHAD
MISSION EDGE SAN DIEGO							FOR SUPPORT TO A FRIEND
2820 ROOSEVELT ROAD SUITE 104	** ****	E01/G\2					IN ME TO FACILITATE THEIR
SAN DIEGO, CA 92106	**-***8491	501(C)3	20,000.	0.			LAUNCH
MUCKERS INC. CHARITABLE FOUNDATION							FOR SUPPORT OF A CHILDREN'S GOLF
•							
31 ELM STREET	**-***3260	E01/G) 2	10.000	0.			LEAGUEPROVIDING LESSONS
MALONE, NY 12953	3260	501(0)3	10,000.	0.			AND GOLF EQUIPMENT TO 100 TO SEED THE BUDGET LINE
NATIONAL ASSOCIATION OF COMMUNITY							ITEM TO COVER EXPENSES
AND RESTORATIVE JUSTICE - 715 16TH							FOR FORMERLY INCARCERATE
AVENUE NORTH - FARGO, ND 58102	**-***9518	501/C\3	10,000.	0.			PEOPLE TO
AVENUE NORTH - PARGO, ND 30102	- 9510	501(0/3	10,000.	0.			TO SUPPORT THE MATCHING
NATIONAL ASSOCIATION OF COMMUNITY							CHALLENGE GRANT FOR
AND RESTORATIVE JUSTICE - 715 16TH				, i			NEEDS-BASED SCHOLARSHIPS
AVENUE NORTH - FARGO, ND 58102	**-***9518	501(C)3	10,000.	0.			TO THE CONFERENCE
NATIONAL ASSOCIATION OF COMMUNITY	3310	301(0)3	10,000.	<u> </u>			TO THE CONTENENCE
AND RESTORATIVE JUSTICE - 715 16TH							TO SUPPORT INFRASTRUCTURE
AVENUE NORTH - FARGO, ND 58102	**-***9518	501(C)3	150,000.	0.			NEEDS
NEW YORK SKI EDUCATIONAL FOUNDATION - 5021 NYS RT. 86 PO							
BOX 300 - WILMINGTON, NY 12997	**-***7846	501(C)3	20,000.	0.			FOR UNRESTRICTED SUPPORT
							FOR GRAVE MARKER
NEWCOMB HISTORICAL MUSEUM							RESTORATION AND
PO BOX 408							APPRECIATION OF COMMUNITY
NEWCOMB, NY 12852	**-***3129	501(C)3	50,000.	0.			HISTORY IN THE TOWN OF
							FOR SUPPORT OF
NORTH COUNTRY COMMUNITY COLLEGE							NONTRADITIONAL STUDENT
FOUNDATION, INC PO BOX 89 -							SCHOLARSHIPS FOR THE NEW
SARANAC LAKE, NY 12983-0089	**-***6021	501(C)3	8,000.	0.			ADVANCED NURSING PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC PO BOX 89 - SARANAC LAKE, NY 12983-0089	**-***6021	501(C)3	9,000.	0.			FOR "NON-CREDIT CAREER PATHWAYS", FUNDED ALONG WITH THE WATERWHEEL FOUNDATION FUND AT
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC PO BOX 89 - SARANAC LAKE, NY 12983-0089	**-***6021	501(C)3	10,000.	0.			FOR SUPPORT OF THE OPPORTUNITY FUND
NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG, NY 12885	**-***7718	501(C)3	10,000.	0.			FOR THE "MOBILIZING OUR FOOD PANTRY EFFORTS" APPLICATION
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	**-***2239	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY 23 RAMODA D	**-***2239	501/2)2					
CANTON, NY 13617 NORTH COUNTRY RURAL DEVELOPMENT COALITION AKA PRIDE OF TICONDEROGA, INC 111 MONTCALM			91,400.	0.			FOR UNRESTRICTED SUPPORT FOR THE "BUILDING BRIDGES: ESSEX COUNTY'S MISSING MIDDLE SCATTERED
STREET PO BOX 348 - TICONDEROGA, NORTH COUNTRY SCHOOL 4382 CASCADE ROAD	**-***6190	501(C)3	20,000.	0.			SITE AFFORDABLE HOUSING FOR THE COMMUNITY TUITION
NORTH COUNTRY SPCA 7700 ROUTE 9N PO BOX 55	**-***0542	501(C)3	20,000.	0.			ASSISTANCE FUND FOR SUPPORT OF THE DIRECTOR'S SALARY AND
ELIZABETHTOWN, NY 12932-0055 NORTH COUNTRY SPCA	**-***4608	501(C)3	20,000.	0.			OPERATIONS
7700 ROUTE 9N PO BOX 55 ELIZABETHTOWN, NY 12932-0055	**-***4608	501(C)3	21,324.	0.			FOR BUILDING AND GROUNDS USE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH ELBA COMMUNITY CHRISTMAS							FOR UNRESTRICTED SUPPORT
FUND - 2693 MAIN STREET - LAKE							OF THE NORTH ELBA
PLACID, NY 12946	**-***5577	501(C)3	9,700.	0.			COMMUNITY CHRISTMAS FUND
NORTHERN FOREST ATLAS FOUNDATION,		552(5)5	3,,	•			
INC C/O RAY CURRAN 416 PARK							
AVENUE - SARANAC LAKE, NY							
12983-5528	**-***9949	501(C)3	15,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC 18 NORTH MAIN ST SUITE 204							
CONCORD, NH 03301-4926	**-***8955	501(C)3	9,000.	0.			FOR UNRESTRICTED SUPPORT
,			,,,,,,				
NORTHERN FOREST CENTER, INC							
18 NORTH MAIN ST SUITE 204							FOR SUPPORT OF THE
CONCORD, NH 03301-4926	**-***8955	501(C)3	10,000.	0.			MILLINOCKET ME PROJECT
NORTHERN FOREST CENTER, INC							
18 NORTH MAIN ST SUITE 204							
CONCORD, NH 03301-4926	**-***8955	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC							
18 NORTH MAIN ST SUITE 204							FOR SUPPORT OF THE 2023
CONCORD, NH 03301-4926	**-***8955	501(C)3	10,000.	0.			ANNUAL APPEAL
,			· ·				
NORTHERN FOREST CENTER, INC							FOR THE "ATTRACTING NEW
18 NORTH MAIN ST SUITE 204							RESIDENTS IN FOCAL
CONCORD, NH 03301-4926	**-***8955	501(C)3	14,000.	0.			COMMUNITIES" APPLICATION
NODWIEDN FOREST SENSED THE							
NORTHERN FOREST CENTER, INC 18 NORTH MAIN ST SUITE 204							FOR SUPPORT OF THE
	** ***0055	E01/G\2	100 000	0			
CONCORD, NH 03301-4926	**-***8955	DUI(C)3	100,000.	0.			CAMPAIGN
NORTHERN FOREST CENTER, INC							FOR SUPPORT OF THE
18 NORTH MAIN ST SUITE 204							NORTHERN FOREST FUND
CONCORD, NH 03301-4926	**-***8955	501(C)3	100,000.	0.			 ATTRACTING NEW RESIDENTS

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa T	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN LIGHTS SCHOOL							FOR SUPPORT OF THE HEAT
26 TRUDEAU ROAD PO BOX 228						4	PUMP AND TEACHER
SARANAC LAKE, NY 12983	**-***2782	501(C)3	20,000.	0.			RETENTION PROGRAM
NORTHERN LIGHTS SCHOOL							
26 TRUDEAU ROAD PO BOX 228							FOR SUPPORT OF GEOTHERMA
SARANAC LAKE, NY 12983	**-***2782	501(C)3	20,000.	0.			HEATING
NORTHWOOD SCHOOL							
92 NORTHWOOD ROAD							FOR SUPPORT OF THE RING
LAKE PLACID, NY 12946	**-***1103	501(C)3	10,000.	0.			THE BELL EVENT
							FOR SUPPORT OF THE
NORTHWOOD SCHOOL							NORTHWOOD CAPITAL
92 NORTHWOOD ROAD							CAMPAIGN AT THE
LAKE PLACID, NY 12946	**-***1103	501(C)3	10,000.	0.			RECOMMENDATION OF THE
NORTHWOOD SCHOOL							
92 NORTHWOOD ROAD							FOR UNRESTRICTED SUPPORT
LAKE PLACID, NY 12946	**-***1103	501(C)3	25,000.	0.			IN HONOR OF STEVE REED
							FOR THE LAKE PLACID
NORTHWOOD SCHOOL							EDUCATION FOUNDATION
92 NORTHWOOD ROAD							SCHOLARSHIPS FOR AREA DA
LAKE PLACID, NY 12946	**-***1103	501(C)3	25,000.	0.			STUDENTS
OGDENSBURG BOYS AND GIRLS CLUB 610 PATTERSON STREET							
OGDENSBURG, NY 13669	**-***4412	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
							FOR THE "GROWING OUR
OWLS HEAD MOUNTAIN VIEW COMMUNITY							COMMUNITY CENTER - THE
CONNECTION - 1977 COUNTY ROUTE 27							HEART OF THE COMMUNITY"
PO BOX 174 - OWLS HEAD, NY 12969	**-***9846	501(C)3	6,000.	0.			APPLICATION
							FOR SUPPORT OF CHAIR IN
PAUL SMITH'S COLLEGE							LAKE ECOLOGY AND
7777 STATE RT. 86 AND 30 PO BOX 265							PALEONTOLOGY AT PAUL
PAUL SMITH'S, NY 12970	**-***3545	501(C)3	30,000.	0.			SMITHS COLLEGE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENDRAGON THEATRE							FOR SUPPORT OF THE
15 BRANDY BROOK AVE.							PENDRAGON THEATRE
SARANAC LAKE, NY 12983	**-***7124	501(C)3	10,000.	0.			CAMPAIGN
PENDRAGON THEATRE							
15 BRANDY BROOK AVE.							TO BE PUT TOWARD JOAN
SARANAC LAKE, NY 12983	**-***7124	501/C\3	25,000.	0.			GRABE'S INTENTION
SARANAC LAKE, NI 12303	- /124	501(C/3	25,000.	0.			FOR THE "CARING FOR
DI AMMODIIDOU CADEC TNO							VULNERABLE REFUGEES AND
PLATTSBURGH CARES, INC. 73 ADIRONDACK LANE PO BOX 1932							FOOD-INSECURE IN THE
	-*6928	E01/G) 2	7 500	0			NORTH COUNTRY"
PLATTSBURGH, NY 12901	0920	501(0)3	7,500.	0.			FOR THE "SHINE ON 2.0
DI AMMODUDOU GOLLEGE EOINDAMION							
PLATTSBURGH COLLEGE FOUNDATION							EXPANSION: DIGITAL
HAWKINS HALL 107 101 BROAD STREET	** ******	504 (5) 0					LITERACY WORKSHOPS FOR
PLATTSBURGH, NY 12901	**-***4644	501(C)3	7,500.	0.			CHILDREN" APPLICATION.
DI A MMGDUDGU, VINGA							
PLATTSBURGH YMCA							FOR SUPPORT OF THE
17 OAK ST.	** ******						CAPITAL FUND RECOMMENDED
PLATTSBURGH, NY 12901	**-***0011	501(C)3	10,000.	0.			BY NORTHERN INSURING
							FOR YEAR THREE SUPPORT O
PLATTSBURGH YMCA							"WHERE COMMUNITY COMES
17 OAK ST.							TOGETHER- A NEW YMCA
PLATTSBURGH, NY 12901	**-***0011	501(C)3	20,000.	0.			FUTURE FOR THE NORTH
PLATTSBURGH YMCA							
17 OAK ST.							FOR SUPPORT OF THE NEW
PLATTSBURGH, NY 12901	**-***0011	501(C)3	25,000.	0.			PLATTSBURGH YMCA BUILDIN
DIAY ADY THO							
PLAY ADK INC.							HOD GUDDODE OF MUE 3377773
165 NEIL STREET	++ +++>054	E01/G\2	10 000				FOR SUPPORT OF THE ANNUA
SARANAC LAKE, NY 12983	**-***3251	DU1(C)3	10,000.	0.			APPEAL
PLAY ADK INC.							
165 NEIL STREET							FOR SUPPORT OF THE
SARANAC LAKE, NY 12983	**-***3251	501(C)3	10,000.	0.			ORGANIZATION'S APPEAL

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	t II.)	J/ZI Faye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POINT POSITIVE INC.							
75 MAIN STREET PO BOX 1281							FOR SUPPORT OF OUTREACH,
SARANAC LAKE, NY 12983	**-***8756	501(C)6	6,000.	0.			MENTORING AND EDUCATION
							FOR THE "ADIRONDACK
REACH OUT AND READ, INC.							LITERACY INITIATIVE"
89 SOUTH STREET SUITE 201							APPLICATION. THIS GRANT
BOSTON, MA 02111	**-***1253	501(C)3	10,000.	0.			IS FUNDED BY THE GENEROUS
SAGAMORE INSTITUTE OF THE							HOD GUDDODE OF MUE
ADIRONDACKS, INC PO BOX 40 -	**-***1872	501/C\3	15,000.	0.			FOR SUPPORT OF THE CURRENT CAPITAL CAMPAIGN
RAQUETTE LAKE, NY 13436	- 1072	301(0/3	13,000.	0.			CORRENT CAPITAL CAMPAIGN
SAGAMORE INSTITUTE OF THE							FOR FUNDING SUPPORT FOR
ADIRONDACKS, INC PO BOX 40 -							ROBIN KIMMERER BRAIDING
RAQUETTE LAKE, NY 13436	**-***1872	501(C)3	20,000.	0.			SWEETGRASS PROGRAM
							FOR THE PROJECT "A 21ST
SARANAC CENTRAL SCHOOL DISTRICT							CENTURY FOREIGN LANGUAGE
60 PICKETTS CORNERS PO BOX 8							AND CULTURE EXPERIENCE
SARANAC, NY 12981	**-***1907	170(C)1	6,760.	0.			K-8" REQUESTED BY
SARANAC LAKE CENTRAL PRIZE FUND							FOR THE 2024 LAKE PLACID
79 CANARAS AVE.	** ****	170(0)1	10.000				EDUCATION FOUNDATION
SARANAC LAKE, NY 12983	**-***2367	170(C)1	10,000.	0.			SCHOLARSHIP FOR THE "MAKING
SARANAC LAKE CENTRAL SCHOOL							CONNECTIONS: SHARED
DISTRICT - 79 CANARAS AVE							EXPERIENCES AND ACCESS"
SARANAC LAKE, NY 12983-1500	**-***2367	170(C)1	10,000.	0.			APPLICATION AT THE
,							
SCHOOL FOR ADVANCED RESEARCH							
PO BOX 2188							
SANTA FE, NM 87504-2188	**-***5045	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
SEAGLE FESTIVAL							
999 CHARLEY HILL ROAD PO BOX 366	** *****	F01/G)3	0.500				
SCHROON LAKE, NY 12870	**-***0188	DUI(C)3	8,500.	0.			FOR UNRESTRICTED SUPPORT

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	J/Z Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEAGLE FESTIVAL 999 CHARLEY HILL ROAD PO BOX 366 SCHROON LAKE, NY 12870	**-***0188	501(c)3	8,500.	0.		1	FOR SUPPORT OF THE ANNUAL FUND
SEAGLE FESTIVAL 999 CHARLEY HILL ROAD PO BOX 366 SCHROON LAKE, NY 12870	**-***0188	501(c)3	10,000.	0.			FOR 2024 SCHOLARSHIP AND OPERATING SUPPORT
SERVANTS OF THE WORD INC., DBA THE OPEN DOOR MISSION - 226 WARREN STREET - GLENS FALLS, NY 12901	**-***2538	501(C)3	10,000.	0.			FOR THE "A LIFE PATH FOR PEOPLE EXPERIENCING HOMELESSNESS" APPLICATION
SHORE OWNERS ASSOCIATION OF LAKE PLACID - BOX 1235 - LAKE PLACID, NY 12946	**-***0664	501(C)7	24,907.	0.			FOR SUPPORT OF REPAIRS TO
SHORE OWNERS ASSOCIATION OF LAKE PLACID - BOX 1235 - LAKE PLACID, NY 12946	**-***066 4	501(C)7	30,000.	0.			FOR NEW ENGLAND CONCRETE SOLUTIONS -30K INITIAL DEPOSIT FOR DAM REPAIR (GRANT REQUESTS ARE FOR
SILVER BAY YMCA CONFERENCE & FAMILY RETREAT CENTER - 87 SILVER BAY ROAD - SILVER BAY, NY 12874	**-***4788	501(c)3	7,500.	0.			FOR THE "TICONDEROGA TEEN CENTER PROGRAM ENHANCEMENT" APPLICATION
ST. AGNES SCHOOL 2322 SARANAC AVENUE LAKE PLACID, NY 12946	**-***1171	3	10,000.	0.			FOR THE SCHOLARSHIPS FOR PRIMARY STUDENTS AND LEARNING TECH FOR HOMEWORK PROJECT
ST. CECILIA CLUB, INC. PO BOX 421 FDR STATION NEW YORK, NY 10150	**-***4760	501(c)3	10,000.	0.			FOR GENERAL SUPPORT AT THE REQUEST OF JUDITH LANDON
ST. EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	**-***2889	501(C)3	16,000.	0.			FOR UNRESTRICTED SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEAMBOAT LANDING ON BLUE MOUNTAIN LAKE - 8919 STATE ROUTE 30 - BLUE MOUNTAIN LAKE, NY 12812		FOR PROFIT	6,966.	0.			FOR FLOOD RELIEF
STEAMBOAT LANDING ON BLUE MOUNTAIN LAKE - 8919 STATE ROUTE 30 - BLUE MOUNTAIN LAKE, NY 12812		FOR PROFIT	10,400.	0.			FOR FLOOD RELIEF
THE ADIRONDACK ARC 12 MOHAWK STREET TUPPER LAKE, NY 12986-1028	**-***0954	501(C)3	5,149.	0.	-0		FOR SUPPORT OF THE ARC CHILDREN'S CORNER, PRESCHOOL, OR FAMILY SERVICES WORK
THE ADIRONDACK ARC 12 MOHAWK STREET TUPPER LAKE, NY 12986-1028	**-***0954	501(C)3	10,000.	0.			FOR THE "FIRST STEPS TOWARD EQUAL FOOTING: PROVIDING SPECIAL NEEDS WITH THE CHANCE TO
THE ANDREW GOODMAN FOUNDATION 55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	** ₋ ***7568	501(C)3	20,000.	0.			FOR UNRESTRICTED SUPPORT
THE BRIGID PROJECT 907 CASEY ROAD PO BOX 222 SARANAC, NY 12981	**-***5231	501(C)3	7,500.	0.			FOR UNRESTRICTED SUPPORT
THE FOREST RANGER FOUNDATION, INC 32 CORLISS POINT WAY KEENE, NY 12942	**-***3105	501(C)3	7,500.	0.			FOR THE "HEADLAMPS FOR FOREST RANGERS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	**-***1534	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
THOMAS A. SHIPMAN MEMORIAL YOUTH CENTER - 61 CUMMINGS RD PO BOX 1122 - LAKE PLACID, NY 12946	**-***4204	501(C)3	10,000.	0.			FOR THE SHIPMAN YOUTH CENTER'S YOUTH AND COMMUNITY PROGRAMMING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	**-***1978	170(C)1	8,190.	0.			FOR THE "PROVIDING NUTRITIOUS FOOD TO CHILDREN WHO MIGHT OTHERWISE GO HUNGRY"
TICONDEROGA MONTCALM STREET PARTNERSHIP - PO BOX 379 - TICONDEROGA, NY 12883	**_***9544	501(C)3	10,000.	0.		5	FOR THE "SMALL TOWNS BIG OPPORTUNITIES: EMPLOYMEN OPPORTUNITIES PROGRAMS AND SERVICES" APPLICATION
TOLEDO MUSEUM OF ART 2445 MONROE STREET PO BOX 1013 TOLEDO, OH 43697	**-***4678	501(C)3	10,000.	0.			FOR ANNUAL SUPPORT
TOLEDO SYMPHONY PO BOX 407 TOLEDO, OH 43697	**-***8010	501(C)3	10,000.	0.			FOR UNRESTRICTED SUPPORT
TOWN OF CHESTER PUBLIC LIBRARY PO BOX 451 CHESTERTOWN, NY 12817	**-***2124		25,000.	0.			FOR SUPPORT OF
TOWN OF INDIAN LAKE PO BOX 730	**-***2250						FOR "GENERATING SUSTAINABILITY FOR INDIA LAKE COMMUNITY
TOWN OF JOHNSBURG LIBRARY 219 MAIN STREET NORTH CREEK NV 12853	**-***5844		7,500.	0.			ORGANIZATIONS". THIS FOR UNRESTRICTED SUPPORT
NORTH CREEK, NY 12853 TRUDEAU INSTITUTE 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	**-**1413		10,000.	0.			FOR UNRESTRICTED SUPPORT
TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	**-***6197	501(C)3	5,800.	0.			FOR SUPPORT OF PUBLIC AR

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	**-***6197	501(C)3	25,000.	0.			FOR SUPPORT OF THE ENCORE CAPITAL CAMPAIGN - MATCHING FUND OPPORTUNITY
TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	**-***6197	501(C)3	25,000.	0.		54	FOR SUPPORT OF LEE KEET'S
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	**-***2402	170(C)1	7,000.	0.			FOR THE 2024 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	**-***2402	170(C)1	8,000.	0.			FOR THE "TOOLS TO SUPPORT ALL STUDENTS WITH AN EDUCATIONAL PATHWAY" APPLICATION AT THE
TUPPER LAKE COMMUNITY FOOD PANTRY 40 MARION AVE. TUPPER LAKE, NY 12986	**-***8108	501(c)3	17,000.	0.			FOR "GENERATOR FOR TUPPER LAKE FOOD PANTRY", FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION
TUPPER LAKE HISTORY MUSEUM PO BOX 824 TUPPER LAKE, NY 12986	**_***7887	501(C)3	10,000.	0.			FOR SUPPORT OF OPERATIONS AND CONSULTANT COSTS FOR ACQUISITION AND DISPLAY OF APPROPRIATE ARTIFACTS
UNITED WAY OF THE ADIRONDACK REGION, INC 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	**-***8185	501(C)3	5,434.	0.			FOR SUPPORT OF THE ANNUAL FUND RECOMMENDED BY ROD GILTZ
UNIVERSITY OF SAN DIEGO DAC 215 5998 ALCALA PARK SAN DIEGO, CA 92110	**-***4535	501(C)3	20,000.	0.			FOR SUPPORT OF CONSULTANT AND STAFFING NEEDS FOR THE CENTER FOR RESTORATIVE JUSTICE
UPPER SARANAC LAKE FOUNDATION INC PO BOX 564 SARANAC LAKE, NY 12983	**-***1892	501(C)3	5,467.	0.			FOR SUPPORT OF THE AUGUST 7-10, 2023 AQUATIC INVASIVE SPECIES HAND HARVESTING REMOVAL - PART

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN MEDICAL CENTER							FOR SUPPORT OF THE PACS1
OFFICE OF DEVELOPMENT AND ALUMNI							SYNDROME RESEARCH
RELATIONS PO BOX 910888 - DALLAS,						4	FOUNDATION FOR RESEARCH
TX 75391	**-***6007	501(C)3	25,000.	0.			CONDUCTED IN DR. EVAN
VERMONT PUBLIC							
PUBLIC RADIO CENTER 365 TROY AVE							
COLCHESTER, VT 05446	**-***9051	501(C)3	8,000.	0.			FOR UNRESTRICTED SUPPORT
VICTIM OUTREACH INC.							FOR SUPPORT OF OPERATING
PO BOX 18941						~	FUNDS FOR RESTORATIVE
GOLDEN, CO 80402	**-***9430	501 (C) 3	15,000.	0.			JEFF CO
GOLDEN, CO 00402	7430	301(0/3	13,000.	0.		+	FOR SUPPORT OF GENERAL
VICTIM OUTREACH INC.							OPERATING FUNDS TO
PO BOX 18941							BENEFIT RESTORATIVE
GOLDEN, CO 80402	**-***9430	501(C)3	25,000.	0.			JEFFCO
VILLANOVA UNIVERSITY	7100	302(3/3	20,000				FOR SUPPORT DIRECTED TO
COLLEGE OF LIBERAL ARTS & SCIENCES							THE ATTENTION OF PAT
OFFICE OF ADVANCEMENT 800 EAST							GALLAGHER, SR. DIR OF
LANCASTER	**-***2688	501(C)3	17,000.	0.			DEVELOPMENTCOLLEGES OF
		002(0)0		•			FOR THE "ADIRONDACK
WAIT HOUSE							FAMILIES HOMELESSNESS
10-12 WAIT ST. PO BOX 3252							PREVENTION & RAPID
GLENS FALLS, NY 12801	**-***6963	501(C)3	10,000.	0.			REHOUSING" APPLICATION.
,			,	-		+	FOR UNRESTRICTED SUPPORT
WILDERNESS HEALTH CARE FOUNDATION,							TO SUSTAIN THE MISSION
INC 1014 OSWEGATCHIE TRAIL -							AND WORK OF THE HOSPITAL
STAR LAKE, NY 13690	**-***5671	501(C)3	15,000.	0.			AND IMPROVE ITS IMPACT O
				-•			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL TRAVEL ASSISTANCE	3	15,000.	0.		
EMERGENCY FLOOD RELIEF	3	55,500.	0.		
			, (
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE RECORD KEEPING PROCEDURES TO S	UBSTANTIA	TE THE AMO	UNT OF GRA	NTS OR	
ASSISTANCE AND/OR GRANTEES' ELIGIB	ILITY:	*			
"DUE DILIGENCE" IS THE PROCESS OF	REVIEW AN	D ASSESSME	NT OF A PO	TENTIAL	
GRANT THAT IS THE BASIS FOR ACCEPT	ING OR DE	CLINING TH	IE GRANT. T	HE PRIMARY	
PURPOSE OF DUE DILIGENCE IS TO ENS	URE THAT	GRANTS ARE	MADE FOR	PURPOSES	
THAT ARE CONSISTENT WITH IRS REGUL	ATIONS (I	.E. CHARIT	ABLE PURPO	SES) AND	
DONOR INTENT AND THAT THE ORGANIZA					

LEGITIMATE AND CAPABLE OF CARRYING OUT THE PURPOSE FOR WHICH THE GRANT IS
INTENDED.

ALL GRANTS MADE BY ADIRONDACK FOUNDATION SHALL BE FOR CHARITABLE PURPOSES.

GENERALLY, THE DETERMINATION OF WHETHER AN ORGANIZATION'S ACTIVITIES ARE

CHARITABLE IS MADE BY THE IRS IN ASSIGNING TAX-EXEMPT STATUS. ORGANIZATIONS

WITH A 501(C)(3) ARE ENGAGED IN CHARITABLE ACTIVITIES.

ADIRONDACK FOUNDATION MAY ALSO MAKE GRANTS TO UNINCORPORATED GROUPS OR

INDIVIDUALS AND NON-501(C)(3) ORGANIZATIONS, FOLLOWING EXPENDITURE
RESPONSIBILITY RULES, PROVIDING THE GRANT IS FOR A CHARITABLE PURPOSE.

PROCEDURE:

FOR NON-COMPETITIVE GRANTS:

- 1. ALL POTENTIAL GRANT RECIPIENT INFORMATION IS RESEARCHED ON GUIDESTAR TO

 DETERMINE 501(C)(3) STATUS AND SAVED IN THE DATABASE. IF THE 990 IS

 AVAILABLE ON GUIDESTAR, VERIFICATION OF SUPPORTING ORGANIZATION STATUS IS

 CONDUCTED INCLUDING WHAT TYPE OF SUPPORTING ORGANIZATION AND WHETHER THEY

 ONLY SUPPORT ONE ORGANIZATION.
- 2. IF THERE IS NOT A 990 ON FILE WITH GUIDESTAR AND GUIDESTAR INDICATES IT

 IS A 509(A)(2) OR (3) THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS

 DETERMINATION LETTER IS REQUESTED.
- 3. IF THE NONPROFIT IS NOT REGISTERED WITH GUIDESTAR, THE ORGANIZATION IS

 CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER AND PROPER 501(C)(3)

 OR 501(C)(7) CODE UNDER IRC IS REQUESTED AND ADDED IN THE DATABASE.

- FOR INTERNATIONAL GRANTMAKING AND GRANTS TO A NON-501(C)(3), ALL GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH AN ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK FOUNDATION.
- ONCE GRANT RECIPIENT RECORD KEEPING IS COMPLETE IN THE DATABASE, THE STAFF APPROVE THE GRANTS AND SEND CHECK WITH A LETTER DETAILING ANY RESTRICTIONS. QUARTERLY, THE STAFF SUBMITS THE LIST OF GRANTS PROCESSED TO THE BOARD OF TRUSTEES FOR RATIFICATION.

FOR COMPETITIVE GRANTS:

- ALL GRANT RECIPIENTS MUST BE SELECTED IN AN OBJECTIVE, NONDISCRIMINATORY FASHION FROM A BROAD GROUP OF CANDIDATES
- 2. ALL GRANT APPLICATIONS ARE WIDELY PUBLICIZED AND DISTRIBUTED AND THE SUBMITTED APPLICATIONS ARE REVIEWED BY AN IMPARTIAL COMMITTEE MADE UP OF COMMUNITY MEMBERS.
- ALL GRANT COMMITTEES ARE APPROVED ANNUALLY BY ADIRONDACK FOUNDATION'S BOARD OF TRUSTEES AND MUST SIGN THE FOUNDATION'S CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY FORMS ANNUALLY.
- 4. QUALIFIED GRANT RECIPIENTS ARE SELECTED BASED ON THEIR SUCCESSFUL FULFILLMENT OF THE APPLICATION CRITERIA.
- 5. ONCE GRANT RECIPIENTS ARE SELECTED, WE FOLLOW NON-COMPETITIVE GRANTS

PROCEDURES #1-5 LISTED ABOVE.

- 6. CERTAIN GRANT RECIPIENTS ARE REQUIRED TO COMPLETE GRANT AGREEMENTS BASED

 ON THE TYPES OF GRANTS ISSUED. (INDIVIDUALS, NON-501(C)(3) ORGANIZATIONS,

 ETC.)
- 7. FOR FOLLOW-UP REPORTING PURPOSES, COMPETITIVE GRANTS PROGRAM GRANTEES

 ARE REQUIRED TO COMPLETE A SIX MONTH REPORT ON HOW THE FUNDS WERE UTILIZED

 IN ORDER TO DETERMINE THE SUCCESS OF THE FUNDED PROGRAM(S).

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK ARCHITECTURAL HERITAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HOW TO MOVE A GIANT

HISTORIC STEAMBOAT INTO THE 21ST CENTURY" APPLICATION AT THE REQUEST OF

FRIENDS OF THE TUSCARORA/GINGELL

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPLORER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "JOBS 2.0: THE FUTURE OF

EMPLOYMENT FOR THE ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED BY THE

GENEROUS ACTS FUND IN PARTNERSHIP WITH THE ADELE & TOM CONNORS FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPLORER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF CLIMATE REPORTING

INITIATIVE-\$10,000 AND FOR SUPPORT OF GENERAL OPERATING- \$10,000

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "PROJECT MANAGER FOR

AFFORDABLE HOUSING DEVELOPMENT" APPLICATION. THIS GRANT IS FUNDED BY THE

GENEROUS ACTS FUND IN PARTNERSHIP WITH THE BILL AND LISA POWERS FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK ROOTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "INCREASED CAPACITY FOR

ADIRONDACK COMMUNITY HOUSING TRUST" APPLICATION. THIS GRANT IS FUNDED BY

THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE ST. ALBANS FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF FOOD SECURITY

PROGRAMS AS RECOMMENDED BY STEPHEN WOLFF AND LAURA WARDEN, 278 MARDEN RD,

WILTON, NH 03086

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "LONG TERM RENTAL CATALYST
PILOT PROGRAM" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS
FUND IN PARTNERSHIP WITH THE HUDSON HEADWATERS HEALTH NETWORK UPSTREAM
FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SHARING OUR STRENGTH:

BUILDING STRATEGY AND CAPACITY FOR ADIRONDACK FOOD SYSTEMS" APPLICATION.

THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE

ASGAARD FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN FRIENDS OF CHRIST CHURCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE EDWARD H. BURN

LAW TUTOR ENDOWMENT AT THE REQUEST OF PETER S. PAINE JR AND PETER S.

PAINE III

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF EASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HOME FIRE FINANCIAL RELIEF"

APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE SPECIAL AND

URGENT NEEDS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ARISE OF NORTHERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "TUPPER LAKE BACKPACK

PROGRAM" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

ADIRONDACK FOR KIDS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: BRANDON WESLEYAN FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "FUNDAMENTAL NUTRITIONAL

SUPPORT FOR FOOD INSECURE CHILDREN" APPLICATION. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE KIWASSA FUND AT ADIRONDACK FOUNDATION AT THE REQUEST

OF DJ WOLFF

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF OGDENSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "IMMIGRANT AND MIGRANT

ASSISTANCE PROGRAM" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS

ACTS FUND IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF OGDENSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "IMMIGRANT AND MIGRANT

ASSISTANCE PROGRAM" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS

ACTS FUND IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: CHATEAUGAY CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CHATEAUGAY BULLDOGS SUMMER

CAMP" APPLICATION REQUESTED BY MICHELLE ARMANI. THIS GRANT IS FUNDED BY

THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE LIFE LAUNCH: NURTURING

WELLNESS, IGNITING CAREERS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: CLIFTON COMMUNITY LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN

THE MISSION AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE DEPT. OF

OPHTHALMOLOGY, VITREORETINAL DIVISION, DIRECTED TO THE WORK OF TONGALP

TEZEL, M.D., IRVING MEDICAL CENTER

NAME OF ORGANIZATION OR GOVERNMENT: CRANBERRY LAKE VOLUNTEER FIRE DEPT.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN

THE MISSION AND WORK OF THE FIRE DEPARTMENT AND IMPROVE ITS IMPACT ON THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CREATIVE HEALING CONNECTIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ARTS AND HEALING FOR WOMEN WITH CANCER AND CHRONIC ILLNESS AND WOMEN VETS WITH PTSD" APPLICATION.

THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BOB AND KRISTIN DAVIDSON

FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: EAGLE ISLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EQUITABLE ACCESS TO OUTDOOR RECREATION THROUGH SUMMER CAMP OPPORTUNITIES" APPLICATION FUNDED IN PARTNERSHIP WITH THE BOB AND KRISTIN DAVIDSON FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETHTOWN SOCIAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BABY AND ME THERAPY GROUPS"

APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE FOLLOWING FUNDS

AT ADIRONDACK FOUNDATION: THE JOAN GRABE FAMILY FUND AND THE BIRTH TO

THREE (BT3) FUND

NAME OF ORGANIZATION OR GOVERNMENT:

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESOURCES FOR

INSTITUTIONS TO BUILD AWARENESS AND UNDERSTANDING OF THE NATURE AND

IMPACT OF SEIZURES AND TO SUPPORT FAMILIES CARING FOR LOVED ONES WITH

SEIZURES IN THE ADIRONDACK REGION

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT AT THE

RECOMMENDATION OF STEPHEN WOLFF AND LAURA WARDEN, 278 MARDEN RD, WILTON,

NH 03086

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT TOWARDS

MOVING AND EXPANSION TO PROMOTE THE SUSTAINABILITY OF EFH. THIS GRANT IS

FUNDED IN PARTNERSHIP WITH THE ASGAARD FUND, SPECIAL AND URGENT NEEDS

FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT TOWARDS

MOVING AND EXPANSION TO PROMOTE THE SUSTAINABILITY OF EFH. THIS GRANT IS

FUNDED IN PARTNERSHIP WITH THE ASGAARD FUND, SPECIAL AND URGENT NEEDS

FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT TOWARDS

MOVING AND EXPANSION TO PROMOTE THE SUSTAINABILITY OF EFH. THIS GRANT IS

FUNDED IN PARTNERSHIP WITH THE ASGAARD FUND, SPECIAL AND URGENT NEEDS

FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: FLYING CHANGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF EQUINE WORK WITH
CHILDREN IN THE GREATER ESSEX, NY COMMUNITY, A GIFT FROM JOHANNES FRITZE

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION OF CVPH & UVM HEALTH NETWORK - ALICE HYDE MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CONTINUING

EDUCATION AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE CHAMPLAIN VALLEY MEDICAL CENTER IN PLATTSBURGH

NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN-ESSEX-HAMILTON BOCES (H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "JET: JOB EMPLOYMENT TRAINING" APPLICATION AT THE REQUEST OF STACY VINCENT. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE ADELE & TOM CONNORS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: HOMESTEAD DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HELPING HANDS COMMUNITY HUB" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE BROOKS FAMILY FUND, THE RHOADES FAMILY FUND, AND THE SYBIL A. PICKETT FUND

NAME OF ORGANIZATION OR GOVERNMENT: HOMESTEAD DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HELPING HANDS COMMUNITY HUB" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE BROOKS FAMILY FUND, THE RHOADES FAMILY FUND, AND THE SYBIL A. PICKETT FUND

NAME OF ORGANIZATION OR GOVERNMENT: HOMEWARD BOUND-ADIRONDACKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADA ACCESSIBLE CABIN FOR VETERANS TO ATTEND PTSD RETREATS" APPLICATION. THIS GRANT IS MADE POSSIBLE BY THE RENOIS FAMILY

NAME OF ORGANIZATION OR GOVERNMENT:

JOINT COUNCIL FOR ECONOMIC OPPORTUNITY OF CLINTON AND FRANKLIN COUNTIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SUPPORTING ALICE HOUSEHOLDS

IN CRISIS" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND IN

PARTNERSHIP WITH THE HUDSON HEADWATERS UPSTREAM FUND

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF PERFORMANCE IN DANCE,

MUSICALS, CONCERTS, FILM, CHILDRENS PROGRAMMING, AND OTHER EVENTS AND

MAINTENANCE AND UPKEEP OF THE THEATER, GALLERIES, STUDIO AND PLANT

OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF ED OP INITIATIVES AS

OF 5/2/24--3 TEACHER INNOVATION GRANTS (STREAM, SOFTWARE, JOB

OPPORTUNITY); 5TH GRADE TRIP; COLLEGE VISITATION TRIP; BRIDGE CLASS AND 1

STUDENT GRANT AND SUMMER READING AT LPES

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2024 NASH WILLIAMS/FOUNDING

FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS GRADUATING FROM LAKE PLACID

CENTRAL SCHOOL BASED ON ACADEMIC EXCELLENCE, LEADERSHIP POTENTIAL AND

CITIZENSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

LAKESIDE PRESCHOOL: LAKESIDE SCHOOL AT BLACK KETTLE FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BUILDING A PERMANENT OUTDOOR,

OVERHEAD WEATHER PROTECTION SHELTER IN THE YARD FOR DAYCARE AND EARLY

CHILDHOOD EDUCATION PROGRAMS. THIS GRANT IS MADE IN HONOR OF CAROL AND

NICK MULLER

NAME OF ORGANIZATION OR GOVERNMENT:

LAKESIDE PRESCHOOL: LAKESIDE SCHOOL AT BLACK KETTLE FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EXPANDING PROGRAMS TO INCREASE ACCESS TO AFFORDABLE CHILD CARE" APPLICATION. THE GRANT IS FUNDED IN PARTNERSHIP WITH THE JOAN GRABE FAMILY FUND AT ADIRONDACK

FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADVANCEMENT OF ADULT LITERACY AND CAREER PATHWAYS". THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: BILL AND LISA POWERS FAMILY FUND, CORNING CHISHOLM FUND, AND THE FUND FOR TUPPER

LAKE

NAME OF ORGANIZATION OR GOVERNMENT:

LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADVANCEMENT OF ADULT LITERACY AND CAREER PATHWAYS". THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: BILL AND LISA POWERS FAMILY FUND, CORNING CHISHOLM FUND, AND THE FUND FOR TUPPER LAKE

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE PEAKS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "A SUSTAINABLE OASIS: INVESTING IN LITTLE PEAKS AS INTEGRAL TO REMEDYING THE ADK CHILDCARE DESERT". THIS GRANT IS FUNDED BY THE TREETOP FAMILY FUND AT ADIRONDACK FOUNDATION IN

PARTNERSHIP WITH THE HUDSON HEADWATERS HEALTH NETWORK UPSTREAM FUND

NAME OF ORGANIZATION OR GOVERNMENT: LONG LAKE FIRE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT WITH THANKS

FROM THE COMMUNITY FOR THEIR SERVICE DURING THE SUMMER FLOODING

NAME OF ORGANIZATION OR GOVERNMENT: LONG LAKE RESQUE SQUAD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT WITH THANKS

FROM THE COMMUNITY FOR THEIR SERVICE DURING THE SUMMER FLOODING

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CARE FOR THE ADIRONDACKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "AGE-FRIENDLY COMMUNITIES IN

THE ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS

FUND IN PARTNERSHIP WITH THE SYBIL A. PICKETT FUND AT ADIRONDACK

FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: MUCKERS INC. CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF A CHILDREN'S GOLF

LEAGUE--PROVIDING LESSONS AND GOLF EQUIPMENT TO 100 CHILDREN. EQUIPMENT

TO BE KEPT AND USED ANNUALLY FOR LESSONS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SEED THE BUDGET LINE ITEM TO

COVER EXPENSES FOR FORMERLY INCARCERATED PEOPLE TO ATTEND/PARTICIPATE IN

THE 2024 CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: NEWCOMB HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRAVE MARKER RESTORATION AND APPRECIATION OF COMMUNITY HISTORY IN THE TOWN OF NEWCOMB

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "NON-CREDIT CAREER PATHWAYS",

FUNDED ALONG WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY

FOUNDATION AND THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: ADELE & TOM

CONNORS FUND, BIRTH TO THREE (BT3) FUND, AND SPECIAL AND URGENT NEEDS

FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "NON-CREDIT CAREER PATHWAYS",

FUNDED ALONG WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY

FOUNDATION AND THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: ADELE & TOM

CONNORS FUND, BIRTH TO THREE (BT3) FUND, AND SPECIAL AND URGENT NEEDS

FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "NON-CREDIT CAREER PATHWAYS",

FUNDED ALONG WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY

FOUNDATION AND THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: ADELE & TOM

CONNORS FUND, BIRTH TO THREE (BT3) FUND, AND SPECIAL AND URGENT NEEDS

FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE FESTIVAL OF

LIGHTS - CHILDREN'S CHRISTMAS PRESENTS AND ITEMS FROM SANTA

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY RURAL DEVELOPMENT COALITION AKA PRIDE OF TICONDEROGA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BUILDING BRIDGES: ESSEX

COUNTY'S MISSING MIDDLE SCATTERED SITE AFFORDABLE HOUSING INITIATIVE"

APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY WORKFORCE PARTNERSHIP, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EMPOWERING FUTURE

INNOVATORS: MENTORSHIP SUPPORT FOR AUTHENTIC STEM" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWOOD SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE NORTHWOOD CAPITAL

CAMPAIGN AT THE RECOMMENDATION OF THE MAGNUS FAMILY

NAME OF ORGANIZATION OR GOVERNMENT: PAUL SMITH'S COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SUMMER INTERNSHIP

OPPORTUNITY FOR AKWESASNE STUDENT" APPLICATION. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE

ALLISON FAMILY FUND AND THE WILD ORCHARD FARM FUND

NAME OF ORGANIZATION OR GOVERNMENT: PAUL SMITH'S COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SUMMER INTERNSHIP

OPPORTUNITY FOR AKWESASNE STUDENT" APPLICATION. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE

ALLISON FAMILY FUND AND THE WILD ORCHARD FARM FUND

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CARING FOR VULNERABLE

REFUGEES AND FOOD-INSECURE IN THE NORTH COUNTRY" APPLICATION. THIS GRANT

IS FUNDED BY THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE BILL AND LISA

POWERS FAMILY FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SHINE ON 2.0 EXPANSION:

DIGITAL LITERACY WORKSHOPS FOR CHILDREN" APPLICATION. THIS GRANT IS

FUNDED BY THE GENEROUS ACTS FUND IN PARTNERSHIP WITH THE LIFE LAUNCH:

NURTURING WELLNESS, IGNITING CAREERS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "FUN IN THE SUN FOR BABIES

AND ONES!" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

BIRTH TO THREE (BT3) FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR YEAR THREE SUPPORT OF "WHERE COMMUNITY COMES TOGETHER- A NEW YMCA FUTURE FOR THE NORTH COUNTRY"

NAME OF ORGANIZATION OR GOVERNMENT: REACH OUT AND READ, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK LITERACY

INITIATIVE" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND

IN PARTNERSHIP WITH THE BIRTH TO THREE (BT3) FUND AT ADIRONDACK

FOUNDATION AND THE STEWARTS/DAKE FAMILY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: REACH OUT AND READ, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK LITERACY

INITIATIVE" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS ACTS FUND

IN PARTNERSHIP WITH THE BIRTH TO THREE (BT3) FUND AT ADIRONDACK

FOUNDATION AND THE STEWARTS/DAKE FAMILY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: RURAL LAW CENTER OF NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK REGIONAL FAMILY

STABILIZATION PROGRAM" APPLICATION. THIS GRANT IS FUNDED BY THE GENEROUS

ACTS FUND IN PARTNERSHIP WITH HUDSON HEADWATER HEALTH NETWORK UPSTREAM

<u>FUND</u>

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PROJECT "A 21ST CENTURY

FOREIGN LANGUAGE AND CULTURE EXPERIENCE K-8" REQUESTED BY BRITTANY

TRYBENDIS

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "MAKING CONNECTIONS: SHARED

EXPERIENCES AND ACCESS" APPLICATION AT THE REQUEST OF ERIKA BEZIO. THIS

GRANT IS FUNDED IN PARTNERSHIP WITH THE JOAN GRABE FAMILY FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: SCHROON LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER PATHWAYS"

APPLICATION REQUESTED BY HARRY BROOKS. THIS GRANT IS FUNDED BY THE

GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK

FOUNDATION: THE ALLISON FAMILY FUND AND THE LIFE LAUNCH: NURTURING

WELLNESS, IGNITING CAREERS FUND

NAME OF ORGANIZATION OR GOVERNMENT: SCHROON LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER PATHWAYS"

APPLICATION REQUESTED BY HARRY BROOKS. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: SCHROON LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER PATHWAYS"

APPLICATION REQUESTED BY HARRY BROOKS. THIS GRANT IS FUNDED BY THE

GENEROUS ACTS FUND ALONG WITH THE FOLLOWING FUNDS AT ADIRONDACK

FOUNDATION: THE ALLISON FAMILY FUND AND THE LIFE LAUNCH: NURTURING

WELLNESS, IGNITING CAREERS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

SHORE OWNERS ASSOCIATION OF LAKE PLACID

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NEW ENGLAND CONCRETE SOLUTIONS

-30K INITIAL DEPOSIT FOR DAM REPAIR (GRANT REQUESTS ARE FOR

REIMBURSEMENT FOR SOA PAID EXPENSES WHICH SUPPORT THE MISSION OF THE SOA

AND THE KPP FUND DIRECTIVE)

NAME OF ORGANIZATION OR GOVERNMENT: SPECULATOR VOLUNTEER AMBULANCE CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "GENERATOR FOR EMERGENCY

SERVICES HEADQUARTERS". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

DRUCKER-HARRIS LEGACY FUND AND THE SPECIAL AND URGENT NEEDS FUND AT

ADIRONDACK FOUNDATION AND THE WATERWHEEL FUND AT VERMONT COMMUNITY

FOUNDATION

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TENDERCARE TOT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "WILD WOODLAND OUTDOOR

EXPLORATION STATION CLASSROOM" APPLICATION. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE BILL

AND LISA POWERS FAMILY FUND AND THE BIRTH TO THREE (BT3) FUND

NAME OF ORGANIZATION OR GOVERNMENT: TENDERCARE TOT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "WILD WOODLAND OUTDOOR

EXPLORATION STATION CLASSROOM" APPLICATION. THIS GRANT IS FUNDED IN

PARTNERSHIP WITH THE FOLLOWING FUNDS AT ADIRONDACK FOUNDATION: THE BILL

AND LISA POWERS FAMILY FUND AND THE BIRTH TO THREE (BT3) FUND

NAME OF ORGANIZATION OR GOVERNMENT: THE ADIRONDACK ARC

BIRTH TO THREE (BT3) FUND AT ADIRONDACK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "FIRST STEPS TOWARD EQUAL FOOTING: PROVIDING SPECIAL NEEDS WITH THE CHANCE TO SUCCEED" APPLICATION

IN PARTNERSHIP WITH THE BIRTH TO THREE (BT3) FUND AT ADIRONDACK

FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: THE FOREST RANGER FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HEADLAMPS FOR FOREST

RANGERS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

DRUCKER-HARRIS LEGACY FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: THE KINDERWOOD PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EARLY EDUCATION AND

DEVELOPMENT" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TICONDEROGA CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "PROVIDING NUTRITIOUS FOOD

TO CHILDREN WHO MIGHT OTHERWISE GO HUNGRY" APPLICATION AT THE REQUEST OF

SARAH ELLSWORTH. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK

FOR KIDS FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

TICONDEROGA MONTCALM STREET PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SMALL TOWNS BIG

OPPORTUNITIES: EMPLOYMENT OPPORTUNITIES PROGRAMS AND SERVICES"

APPLICATION AT THE REQUEST OF THE TI AREA CHAMBER OF COMMERCE

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF INDIAN LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "GENERATING SUSTAINABILITY FOR

INDIAN LAKE COMMUNITY ORGANIZATIONS". THIS GRANT IS FUNDED IN PARTNERSHIP

WITH THE SPECIAL AND URGENT NEEDS FUND AT ADIRONDACK FOUNDATION AND THE

WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: TRUDEAU INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EXPERIENTIAL LEARNING

ACTIVITIES TO INSPIRE STEM CAREERS IN MIDDLE AND HIGH SCHOOL STUDENTS"

APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE CORNING

CHISHOLM FUND AT ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: TUPPER LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "TOOLS TO SUPPORT ALL

STUDENTS WITH AN EDUCATIONAL PATHWAY" APPLICATION AT THE REQUEST OF

Part IV Supplemental Information

AMANDA ZULLO

NAME OF ORGANIZATION OR GOVERNMENT: TUPPER LAKE COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR "GENERATOR FOR TUPPER LAKE FOOD

PANTRY", FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT

VERMONT COMMUNITY FOUNDATION AND THE FOLLOWING FUNDS AT ADIRONDACK

FOUNDATION: THE FUND FOR TUPPER LAKE AND SPECIAL AND URGENT NEEDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: UPPER SARANAC LAKE FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE AUGUST 7-10, 2023

AQUATIC INVASIVE SPECIES HAND HARVESTING REMOVAL - PART OF ANNUAL

CONTRACT

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE PACS1 SYNDROME

RESEARCH FOUNDATION FOR RESEARCH CONDUCTED IN DR. EVAN NAIR-GILL'S LAB

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF TUPPER LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CELEBRATION OF YOUTH:

TUPPER LAKE POLICE DEPARTMENT BIKE RODEO" APPLICATION. THIS GRANT IS

FUNDED IN PARTNERSHIP WITH THE TUPPER OPPORTUNITIES FOR YOUTH FUND AT

ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: VILLANOVA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT DIRECTED TO THE

ATTENTION OF PAT GALLAGHER, SR. DIR OF DEVELOPMENT--COLLEGES OF LIBERAL

ARTS AND SCIENCES, OFFICE OF ADVANCEMENT

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: WAIT HOUSE
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK FAMILIES
HOMELESSNESS PREVENTION & RAPID REHOUSING" APPLICATION. THIS GRANT IS
FUNDED IN PARTNERSHIP WITH THE SPECIAL AND URGENT NEEDS FUND AT
ADIRONDACK FOUNDATION
NAME OF ORGANIZATION OR GOVERNMENT:
WILDERNESS HEALTH CARE FOUNDATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN
THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON THE
COMMUNITY
NAME OF ORGANIZATION OR GOVERNMENT: YALE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF ANDOVER NEWTON
SEMINARY AT YDS - IN PARTICULAR FOR COMMON GROUND OR ANY OTHER EFFORTS
ENCOURAGING DIALOGUE WITH YSE

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

-*5724

ADIRONDACK FOUNDATION

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? Х 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CALI BROOKS	(i)	166,824.	0.	0.	5,005.	1,310.	173,139.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) JAMIE CECILIA	(i)	107,417.	0.	0.	3,223.	8,400.	119,040.	0.
FORMER CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection **Employer identification number**

	ADIRONDACK F	OUNDAT	ION			**-***5	724	
Pai	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determin contribution ar	_	:s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes							
	Intellectual property	х	57	3,938,913.	EMIZZ ATT	דאתה טב	חחו	ייי ע זע
9	Securities - Publicly traded		37	3,930,913.	IMV AI	DAIL OF	נטע	NVI
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other			, i				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()		//					
27	Other (7						
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax vear for co	ontributions				
	for which the organization completed Form 82		•					
	To Whom the organization completed form oz	00, 1 art v, L	once / tott lowledg	omone			Yes	No
302	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		103	140
Jua	must hold for at least 3 years from the date of							
						30a		х
L	exempt purposes for the entire holding period?	·				30a		25
	If "Yes," describe the arrangement in Part II.	action that re	auiros tha ravious	of any populandard contribut	iono?	04	Х	
31	Does the organization have a gift acceptance p				IOI 19 !	31	Λ	
32a	Does the organization hire or use third parties		_					_ v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number **-**5724

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADIRONDACK FOUNDATION (THE "CORPORATION") IS A COMMUNITY FOUNDATION AND NOT-FOR-PROFIT, AUTONOMOUS, PUBLICLY SUPPORTED PHILANTHROPIC INSTITUTION FORMED FOR THE FOLLOWING PURPOSES: TO SERVE AS A PERMANENT COLLECTION OF ENDOWED AND OTHER FUNDS BENEFITING ADIRONDACK COMMUNITIES, THEIR INSTITUTIONS AND RESIDENTS INCLUDING BUT NOT LIMITED TO SUPPORT FOR ARTS AND HUMANITIES, COMMUNITY AND ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH, PRESERVATION, LIBRARIES, RECREATION, SOCIAL SERVICES AND YOUTH PROGRAMS THROUGH GRANT MAKING AND OTHER PROGRAMS TO DO ANY OTHER LAWFUL ACT INCIDENTAL OR CONNECTED WITH THE FOREGOING PURPOSES OR IN ADVANCEMENT THEREOF THAT IS CONSISTENT WITH THE CORPORATION'S CERTIFICATE OF INCORPORATION AND APPROVED BY THE CORPORATION'S BOARD OF TRUSTEES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VITALITY, ARTS & CULTURE AND THE ENVIRONMENT. ITS LEADERSHIP WORK

INCLUDES ENVISIONING OUR REGION AS A MODEL FOR RURAL AMERICA, WHERE

COMMUNITIES ARE STRONG, JUST AND INCLUSIVE; OUR WELLBEING IS SUPPORTED

THROUGH QUALITY CARE, EDUCATION, AND ECONOMIC OPPORTUNITY; NATURE IS

VALUED AND PROTECTED; AND ARTS AND CULTURE THRIVE.

FORM 990, PART VI, SECTION A, LINE 4:

ON 6/12/24 AN AMENDED CERTIFICATE OF INCORPORATION FILED WITH NEW YORK

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization Employer identification number ADIRONDACK FOUNDATION **-**5724

STATE TO UPDATE THE PURPOSES OF THE ORGANIZATION AS FOLLOWS:

THE CORPORATION IS FORMED AS A COMMUNITY FOUNDATION AND A TAX-EXEMPT,

NOT-FOR-PROFIT, AUTONOMOUS, PUBLICLY SUPPORTED, PHILANTHROPIC INSTITUTION

FOR THE FOLLOWING PURPOSES:

TO SERVE AS A PERMANENT COLLECTION OF ENDOWED AND OTHER FUNDS BENEFITING

ADIRONDACK COMMUNITITES, THEIR INSTITUTIONS AND RESIDENTS, INCLUDING BUT

NOT LIMITED TO SUPPORT FOR ARTS AND HUMANTITIES, COMMUNITY AND ECONOMIC

DEVELOPMENT, EDUCATION ENVIRONMENT, HEALTH, HISTORIC PRESERVATION,

LIBRARIES, RECREATION, SOCIAL SERVICES AND YOUTH PROGRAMS THROUGH GRANT

MAKING AND OTHER PROGRAMS.

TO DO ANY OTHER LAWFUL ACT INCIDENTIAL OR CONNECTED WITH THE FOREGOING

PURPOSES OR IN ADVANCEMENT THEREOF THAT IS CONSISTENT WITH THE

CORPORATION'S CERTIFICATE OF INCORPORATION AND APPROVED BY THE

CORPORATION'S BOARD OF TRUSTEES.

UPDATES TO THE BYLAWS WERE APPROVED 10/27/23 TO INCLUDE THE ABOVE TEXT, AS
WELL AS SEVERAL ADMINISTRATIVE UPDATES THAT CLARIFIED BOARD PROCESSES,
INCLUDING:

ARTICLE II - BOARD OF TRUSTEES

SECTION 2(B): TRUSTEE VOTE REQUIRED FOR CHANGE IN NUMBER OF TRUSTEES IS A SIMPLE MAJORITY OF THE ENTIRE BOARD RATHER THAN UNANIMOUS.

SECTION 3(C): AFTER HAVING SERVED FOR THE 9-YEAR MAXIMUM, A TRUSTEE MAY BE

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Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization ADIRONDACK FOUNDATION **-***5724 RE-ELECTED TO THE BOARD AFTER A ONE-YEAR HIATUS. PROVISION ALLOWING THE ADDITION OF UP TO THREE "TEMPORARY" TRUSTEES DELETED. SECTION 4(B): QUORUM REQUIREMENT FOR REMOVAL OF A TRUSTEE IS A MAJORITY VOTE AT ANY REGULAR OR SPECIAL MEETING. SECTION 8: ALLOWS FOR TRUSTEES TO RECEIVE COMPENSATION FOR SERVICES RENDERED IN ANOTHER CAPACITY. ARTICLE IV OFFICERS SECTION 1: THE REQUIREMENT THAT THERE BE A VICE-CHAIR IS DELETED. ADDITION STATES THAT THE TREASURER REQUIRED TO BE A PERSON OTHER THAN THE CHAIR AND SECRETARY. SECTION 7: ACKNOWLEDGES THAT THE TREASURER MAY DELEGATE CERTAIN DUTIES TO FOUNDATION STAFF OR OTHERWISE. SECTION 9: THE PRESIDENT AND CEO MAY NOT SERVE AS CHAIRPERSON, TREASURER OR SECRETARY OF THE CORPORATION.

ARTICLE V COMMITTEES

SECTION 1: IN ADDITION TO AN EXECUTIVE COMMITTEE, SECTION 1 EXPRESSLY

PROVIDES FOR A GOVERNANCE AND AUDIT COMMITTEE TO BE APPOINTED BY THE BOARD

AND TO EXIST AS STANDING COMMITTEES.

SECTION 1: REVISED "NO COMMITTEE SHALL HAVE AUTHORITY AS TO THE FOLLOWING

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization ADIRONDACK FOUNDATION

Employer identification number **-**5724

MATTERS: A. THE FILLING OF VACANCIES IN THE BOARD OF TRUSTEES OR ANY

COMMITTEE; B. THE AMENDMENT OR REPEAL OF THESE BY-LAWS OR THE ADOPTION OF

NEW BY-LAWS; C. THE ELECTION OR REMOVAL OF ANY OFFICERS AND TRUSTEES; AND

D. THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR ANY MATERIAL

PORTION OF THE ASSETS OF THE CORPORATION."

SECTION 2: THE EXECUTIVE COMMITTEE IS AUTHORIZED TO: (A) ACT FOR THE ENTIRE
BOARD IN CASE OF EMERGENCY (B) ACT FOR THE BOARD ON NON-POLICY MATTERS
WHEN, IN THE JUSGEMENT OF THE EXECUTIVE COMMITTEE ACTION IS REQUIRED BEFORE
THE NEXT SCHEDULED BOARD MEETING.

SECTION 4: ADDED "THE FINANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE

TRUSTEES, INCLUDING THE TREASURER. THE FINANCE COMMITTEE SHALL: A.

ESTABLISH INVESTMENT POLICY, SELECT INVESTMENT ADVISORS AND REVIEW

INVESTMENT RESULTS; B. RECOMMEND SPENDING RATE AND FORMULA; C. REVIEW

BUDGET AND FINANCIAL STATEMENTS; D. REVIEW AND PROVIDE RECOMMENDATIONS ON

FINANCIAL POLICIES AND PROCESSES; AND E. ASSIST IN ENSURING THE FINANCIAL

HEALTH AND SUSTAINABILITY OF THE FOUNDATION."

SECTION ALLOWING FOR ALTERNATE MEMBERS OF STANDING COMMITTEES DELETED.

ARTICLE VI - CONTRACTS, CHECKS, DRAFTS, BANK ACCOUNTS AND VARIANCE POWERS

SECTION 2: NO LOANS IN EXCESS OF \$10,000 SHALL BE CONTRACTED ON BEHALF OF THE CORPORATION UNLESS SPECIICALLY AUTHORIZED BY THE BOARD OF TRUSTEES.

SECTION 5: BOARD APPROVAL FOR VARIANCES HAS BEEN REDUCED FROM A 2/3
SUPERMAJORITY REQUIREMENT TO A SIMPLE MAJORITY.

Page 2

Schedule O (Form 990) 2023 **Employer identification number** Name of the organization ADIRONDACK FOUNDATION **-***5724 ARTICLE VII - GENERAL SECTION 3: ANY LOANS MADE BY THE CORPORATION TO A TRUSTEE OR OFFICER ARE REQUIRED TO BE APPROVED BY THE BOARD. ARTICLE VIII - INDEMNIFICATION SECTION 1: ADDITION OF THE SENTENCE THE INDEMINIFACTION RIGHTS PROVIDED FOR IN THIS ARTICLE ARE INTENDED TO BE THE MOST EXPANSIVE PERMITTED BY APPLICABLE LAW. SECTION 5: PROCESS UNDER WHICH INDEMNIFICATION IS TO BE GRANTED REVISED TO BE CONSISTENT WITH NEW YORK LAW. SECTION ON INSURANCE DELETED. ARTICLE IX CONFLICT OF INTEREST POLICY: DETAILED POLICY MOVED TO SEPARATE **DOCUMENTATION** ARTICLE X BY-LAW AMENDMENTS: POWER TO ALTER, AMEND, OR REPEAL THE BY-LAWS OR ADOPT NEW BY-LAWS VESTED IN BOARD OF TRUSTEES REVISED TO BE CONSISTENT WITH NEW YORK LAW. FORM 990, PART VI, SECTION B, LINE 11B:

UPON RECEIVING THE 990 AND NYS CHAR 500 RETURNS ELECTRONICALLY FROM THE PREPARERS, THE CHIEF FINANCIAL OFFICER AND ADMINISTRATION EMAIL THE 990 AND NYS CHAR 500 TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL. ONCE

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Schedule O (Form 990) 2023 Page 2

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number **-***5724

APPROVED BY THE AUDIT COMMITTEE, THE BOARD MEMBERS RECEIVE THE RETURNS AND HAVE ONE WEEK TO REVIEW BEFORE THE RETURNS ARE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF TRUSTEES, ADVISORY COUNCIL, COMMUNITY FUND COMMITTEE, SCHOLARSHIP COMMITTEE AND STAFF MUST SIGN A STATEMENT THAT AFFIRMS THAT THEY HAVE RECEIVED AND READ THE CONFLICT OF INTEREST POLICY, LIST ANY POTENTIAL CONFLICTS AND THAT THEY HAVE NOT RECEIVED ANY COMPENSATION, GRANTS OR OTHER ASSISTANCE FROM ADIRONDACK FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF ADIRONDACK FOUNDATION WILL CONDUCT A FORMAL REVIEW OF THE PRESIDENT & CEO ON AN ANNUAL BASIS. ALL NECESSARY SALARY COMPARABLES, SALARY RANGE RECOMMENDATIONS, AND STAFF SUPPORT WILL BE OBTAINED AND PROVIDED AS NEEDED.

- ANNUALLY, THE PRESIDENT & CEO PREPARES A SELF-ASSESSMENT BASED UPON ORGANIZATIONAL AND PROFESSIONAL GOALS. RESULTS ARE SENT TO THE BOARD CHAIR. THE BOARD CHAIR AND EXECUTIVE COMMITTEE EVALUATE THE ASSESSMENT.
- 2) A MEETING IS HELD WITH THE PRESIDENT & CEO AND CHAIR OF THE BOARD TO DISCUSS PERFORMANCE AND SALARY ADJUSTMENTS (IF ANY) AND FRINGE BENEFITS. BECAUSE THE BUDGET IS PRESENTED AT THE MAY TRUSTEE MEETING, THE PRESIDENT & CEO'S SALARY INFORMATION WILL BE AVAILABLE BY THE MAY MEETING AND WILL BE ENTERED INTO THE MINUTES. AN EXECUTIVE SESSION WILL BE HELD BY ALL TRUSTEES DISCUSSING THE PERFORMANCE BENEFITS AND SALARY.
- 3) AFTER A FINAL DECISION IS MADE, ALL DOCUMENTS REGARDING PERFORMANCE AND

Schedule O (Form 990) 2023 Page 2

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number **-**5724

SALARY ADJUSTMENTS WILL BE KEPT IN THE PERSONNEL FILES AND RECORDED IN THE MINUTES ALONG WITH A COMMITTEE SIGNED SALARY AND BENEFIT AUTHORIZATION.

THE PRESIDENT & CEO IS REQUIRED TO CONDUCT AN ANNUAL PERFORMANCE REVIEW OF EACH STAFF. THE RESULTS WILL BE KEPT IN THE PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS CAN BE OBTAINED ON ADIRONDACK FOUNDATION'S WEBSITE.

FINANCIAL TRANSPARENCY

AS A PUBLIC CHARITY, ADIRONDACK FOUNDATION MAKES A POINT OF OPERATING IN AN OPEN MANNER THAT WELCOMES SCRUTINY. WE TAKE OUR OBLIGATION TO DONORS,

COMMUNITY GROUPS, AND THE PUBLIC VERY SERIOUSLY. ACCORDINGLY, OUR FEDERAL INFORMATION RETURNS, AUDITED FINANCIAL STATEMENTS, AND OTHER RELATED DOCUMENTS ARE AVAILABLE ON OUR WEBSITE OR BY CALLING THE FOUNDATION'S OFFICE AT (518) 523-9904 AND ARE ON FILE WITH THE NEW YORK STATE ATTORNEY GENERAL.

FINANCIAL STATEMENTS:

WE ARE ALSO PLEASED TO OFFER OUR FINANCIAL STATEMENT WHICH INCLUDES THE INDEPENDENT AUDITORS' REPORT FROM BST & CO. CPAS, LLP.

FORM 990

THIS RETURN REPRESENTS THE INTERNAL REVENUE SERVICE (IRS) FEDERAL FORM 990

FOR ADIRONDACK FOUNDATION. THE PURPOSE OF THE FORM 990 IS TO PROVIDE THE

PUBLIC WITH A RETURN THAT SUMMARIZES ALL OF THE ACTIVITY OF THE FOUNDATION.

WE HAVE OUR TAX DETERMINATION LETTER AVAILABLE ON OUR WEBSITE FOR PUBLIC

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization ADIRONDACK FOUNDATION	Employer identification number **-***5724
REVIEW.	
IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION INCLUD	ED IN THE RETURN,
REPORTS OR LETTERS, OR WISH TO RECEIVE INFORMATION FROM PR	OR FISCAL YEARS,
PLEASE CONTACT STEPHANIE PIANKA, CFO OF ADIRONDACK FOUNDAT	ION AT (518)
523-9904 OR E-MAIL STEPHANIE.PIANKA@ADKFOUNDATION.ORG.	
DISCLOSURE-ANNUAL REPORT	
ADIRONDACK FOUNDATION PUBLISHES AN ANNUAL REPORT WHICH INC	LUDES A STATEMENT
OF FINANCIAL POSITION AND A STATEMENT OF ACTIVITIES. INCLU	DED IN THIS
DOCUMENT IS THE FOLLOWING STATEMENT, "A COMPLETE AUDITED F	INANCIAL
STATEMENT WITH ACCOMPANYING NOTES AND OPINION IS AVAILABLE	FROM THE
FOUNDATION'S OFFICE OR FROM THE NEW YORK ATTORNEY GENERAL'	S CHARITIES
BUREAU, 120 BROADWAY, NEW YORK, 10271."	
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY	FOR THE
OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPEN	DENT
ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YE	AR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*5724

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or (d) Total inco	me End-of-yea	r assets Direct	(f) controlling ntity	9
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
LAKE PLACID EDUCATION FOUNDATION -	CRANGE FOR EDUCATION				A D T D O M D A GW		
51-0243919, P.O. BOX 288, LAKE PLACID, NY 12946	GRANTS FOR EDUCATION PURPOSES	NEW YORK	501(C)(3)	LINE 12A, I	ADIRONDACK FOUNDATION	X	
BRUCE L. CRARY FOUNDATION, INC 23-7366844	T SILL SDEED	TOTAL TOTAL	301(0)(3)	1211, 1	I COMBILLION	21	
P.O. BOX 396	SCHOLARSHIP AID TO				ADIRONDACK		
ELIZABETHTOWN, NY 12932	STUDENTS	NEW YORK	501(C)(3)	LINE 12A, I	FOUNDATION	Х	
	_						
	1						

ADIRONDACK FOUNDATION

Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
Part III		complete if the digamization anomored free on form does, fair it, mile of, secause it had one of me

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop				
				,			100		, ,		
						0					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		ocuy)						Yes	No
	O'								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

• • • • • • • • • • • • • • • • • • • •							
c Gift, grant, or capital contribution from related organization(s)					1c		_X_
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e		X
f Dividends from related organization(s)					1f		_X_
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organization(s)					1j		X
k Lease of facilities, equipment, or other assets from related organization(s)					1k		X
I Performance of services or membership or fundraising solicitations for related organ					11	X	
m Performance of services or membership or fundraising solicitations by related organ					1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		X
Sharing of paid employees with related organization(s)					10		X
p Reimbursement paid to related organization(s) for expenses					1p		X
q Reimbursement paid by related organization(s) for expenses					1q		X
r Other transfer of cash or property to related organization(s)					1r		X
					1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method	(d) of determining amount inv	olved		
(1) BRUCE L. CRARY FOUNDATION, INC.	В	412,000.	CASH				
(2) LAKE PLACID EDUCATION FOUNDATION	В	248,000.	CASH				
(3)							
(4)							
(5)	+						
(6)	L	l	1	Schedule	D (Eors	n 000	2022
032163-119-28-23				achenine	O IEOrr		/11/.3

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j) [(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year assets	Disprop tiona allocatio	oor- te ons?		Gene mana partr	er?	entage ership
				res No			Tes	NO	(, e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	162	NO	
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							H					

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2024

Prepared F	For:
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Adirondack Foundation P.O. BOX 288 Lake Placid, NY 12946

Prepared By:

BST & Co. CPAs, LLP 10 British American Blvd Latham, NY 12110

Amount of Tax:

Balance due of \$1,525

Make Check Payable To:

Not applicable

Mail Tax Return To:

The New York Form Form CHAR500 should be filed via the web at: https://charitiesnys.com/annual_filing.html

Return must be mailed on or before:

November 15, 2024

Special Instructions:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2023

Open to Public Inspection

1.General Information					
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/01/	2023 and Ending (r	mm/dd/yyyy) 06/30/	2024	
Check if Applicable: X Address Change	Name of Organization: ADIRONDACK FOU	Employer Identification Number (EIN): **-***5724			
Name Change	Mailing Address:			NY Registration Number:	
Initial Filing	P.O. BOX 288			06-25-78	
Final Filing	City / State / ZIP:			Telephone:	
Amended Filing	LAKE PLACID, NY 12946			518 523-9904	
Reg ID Pending	Website: Email: HTTPS://WWW.ADIRONDACKFOUNDATION.ORG/ BRANDY.HOBSON@ADKFO				
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Charities Registrated A years Charities Registrated Charities Registrated A years Charities A years Charities Registrated A years Charities					
registration category: Line 7A only Line EPTL only Line DOAL (7A & EPTL) Line EXEMPT Charities Registry at www.CharitiesNYS.com . 2. Certification					
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires					
two signatories.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief,					
they ar	e true, correct and complete ir	accordance with the laws			
			WILLIAM CR	EIGHTON	
President or Authorized			CHAIR		
	Signature		Print Nam STEPHANIE	e and Title Date	
Chief Financial Officer of	r Troopuror:		CFO	FIANKA	
Officer i maricial Officer of	Signature			e and Title Date	
				24.0	
3. Annual Reporting Exemption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both					
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or					
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable					
schedules and attachments and pay applicable fees.					
☐ 3a 7∆ filir	ng exemption: Total contribution	ns from NV State including	residents foundations or	overnment agencies, etc. did not	
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit					
contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time					
during the fiscal year.					
4. Schedules and Attachments					
See the following page for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer					
schedules and schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.					
attachments to					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate yo	ur			payable to:	
fee(s). Indicate fee(s) you	\$ 25.	\$ <u>1,500.</u>	\$ 1,525.	"Department of Law"	
are submitting here:	ΨΔJ•_	Ψ,500.	Ψ, 343.		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise	rs (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review.	ontributors). Schedule B of public charities is exempt from
·	nue expended \$25,000 and/or our expects expended \$25,000 in the
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reve filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$1,000,0 If the fiscal year begins before that date, an Audit Report is required if total re No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	2000 and up to \$1,000,000 2000 and the fiscal year begins on or after July 1, 2021. Evenue and support is greater than \$750,000 Sport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Where do I find my exceptation to NET WORT 19
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22

Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and